

**THIS IS NOT A LETTER OF ACCEPTANCE**

BUTTERFLY MOMENTS INC WOMENS RECOVERY CENTER

SEND APPLICATION TO: 865 GRACEY AVENUE CLARKSVILLE TN 37040 OR [BUTTERFLYMOMENTSINC@HOTMAIL.COM](mailto:BUTTERFLYMOMENTSINC@HOTMAIL.COM) (EMAIL)

**\*Application must be filled out completely to be considered and be legible, please print\***

Full Legal Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Date: \_\_\_\_\_

Other names/aliases, etc.... \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Birth Date: \_\_\_\_\_

Referred by: \_\_\_\_\_ Military Service; Yes \_\_\_ No \_\_\_ Date of enlistment \_\_\_\_\_

Please check all of the following forms of identification (ID) which you have in your possession:

Social Security Card: Yes \_\_\_ No \_\_\_ Number: \_\_\_\_\_

Driver's License: Yes \_\_\_ No \_\_\_ Number: \_\_\_\_\_ State \_\_\_\_\_

State Picture ID: Yes \_\_\_ No \_\_\_ Number: \_\_\_\_\_ State \_\_\_\_\_

Birth Certificate: Yes \_\_\_ No \_\_\_ Number: \_\_\_\_\_ State \_\_\_\_\_

Have you ever participated in an alcohol and/or drug treatment program? Yes \_\_\_ No \_\_\_ Where \_\_\_\_\_

List all substances of abuse/addiction and the last date used for each: \_\_\_\_\_

Are you court ordered to live in a half-way house? Yes \_\_\_ No \_\_\_

Felony Conviction: Yes \_\_\_ No \_\_\_ Charge(s): \_\_\_\_\_

Do you have any legal charges pending now? Yes \_\_\_ No \_\_\_ if yes, list court date(s) and charge(s): \_\_\_\_\_

List all adult arrest records and dates: \_\_\_\_\_

Sex Offender: Yes \_\_\_ No \_\_\_ Registered: \_\_\_\_\_ State of Registry: \_\_\_\_\_

Probation/Parole: Yes \_\_\_ No \_\_\_ (A copy of probation/parole details must be provided) TOMIS # \_\_\_\_\_

Probation/Parole Officer (if known): \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

If incarcerated, what is your earliest projected release date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ How long incarcerated \_\_\_\_\_

Communicable Diseases: \_\_\_\_\_

Other current illnesses: \_\_\_\_\_

Prescription medications: \_\_\_\_\_

Are you employed: Yes \_\_\_ No \_\_\_ if no, are you willing to work a minimum wage job: Yes \_\_\_ No \_\_\_

Are you currently receiving (SSI) or disability income: Yes \_\_\_ NO \_\_\_

**\*Upon acceptance to Butterfly Moments, a \$150.00 non refundable deposit must be received before admittance\***

Program Administration fee in advance: \$150.00 \_\_\_ First 2 weeks: \$250.00 in advance: Yes \_\_\_ No \_\_\_

Do you own a vehicle: Yes \_\_\_ No \_\_\_ Do you have auto insurance: Yes \_\_\_ No \_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Nearest relative: \_\_\_\_\_ Phone: \_\_\_\_\_

In the space provided, write a paragraph describing what you hope to achieve while at Butterfly Moments Inc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MUST PROVIDE REFERENCES**

Reference Name	Current Address & Phone Number (MUST)

Requested move-in date: \_\_\_\_\_

By signing below, I agree to abide by all House Rules with the full knowledge that willful failure to comply will result in my expulsion with loss of all deposits and/or prepaid rent. I agree that I will in no way hold the Owner/Director or occupants of Butterfly Moments Inc in any way responsible for any injuries or even death that may occur during my stay at said properties. I also give my consent for the House Owner/Director (or designate) to contact my family members, sponsor(s) and/or Probation/Parole Officer concerning my progress or welfare.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Butterfly Moments Inc Women's Recovery Center

**Financial Responsibility**

1. There is no application fee. If accepted, your final approval will begin upon receipt of non refundable \$150 program administration deposit.
2. Fees are due each and every Friday.
3. Fees are \$125.00 per week.
4. Rent can be paid up to four weeks in advance at a rate of \$500.00 non-refundable
5. If an individual becomes two weeks late on payments, she will be required to meet with the director for purposes of evaluating employment efforts and other pertinent financial responsibility matters.
6. Any fees paid in advance will be forfeited if you move or violate rule resulting in moving out.
7. Program participants with prior payment arrangements with other agencies will be required to abide by the other agency program rules in addition to Butterfly Moments Inc.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Butterfly Moments Inc Women's Recovery Center

### First 30 Days Resident Rules

1. Curfew is 7:30 without employment and then considered on written case by case basis.
2. Residents will attend 12 meetings weekly while in program (90 meetings in 90 days is suggested).
3. House meetings, AA, NA, and I.O.P. will count toward this goal. Meeting sheets must be signed and verified for the first 90 days.
4. Within 30 days a resident must have an approved sponsor and start step work within 30 days with a sponsor.
5. Cell phones are NOT allowed except for business and scheduled family contact.
6. No overnight passes or stays will be granted until after 30 days.
7. If not immediately employed, participant must turn in at least 3 applications for employment a day. You must be on the road by 8am each day. \*Application verification is to be used and reviewed with house director. \*If disabled find volunteer opportunity for at least 20 hours per week.
8. Participant is to call the Director or specified person every day for the first month. Between 10am – 5pm.
10. All participants will be subject to alcohol and drug test on move in date and anytime thereafter.
11. All residents will be assigned cleaning and maintenance responsibilities that rotate bi-weekly and will be inspected by a senior house member.
12. All other house rules will be abided by.
13. All residents must sign in and out for the first 30 days. (Parole & Probation must sign in and out every day while in residence).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_