THE FAR HOUSE RESPONSIBILITY STATEMENT

I (pleas	e print) roluntarily enter into The FAR HOUSE, an alcoho
and dru	g-free housing environment for men focused on Recovery.
Initial e	ach line item that you understand your responsibilities whole housed in THE FAR HOUSE.
1.	I will not use drugs or alcohol, or any mind-altering substances. I will submit to
	random drug testing or breathalyzer testing when asked.
2.	I agree to abide by the rules and regulations of THE FAR HOUSE as outlined in the
	Lodging Agreement and Client Handbook, both which I have signed.
3.	I will obtain a 12-step sponsor immediately and participate in a program of
	recovery. I will work on a recovery plan, including a move-in (i.e. goals and objectives) and
	move-out (i.e. contingency plan).
4.	I will pay weekly program fees on time, no later than each Friday at 7pm.
5.	I will attend the mandatory scheduled in-house weekly meeting.
6.	I will attend 7 via 12-step/recovery zoom meetings and/or outside meetings per
	week.
7.	I agree to voluntarily participate in assigned work activities at the house.
8.	I understand that when I vacate the premises, I must take all of my belongings at
	that time. Any personal belongings left at the FAR HOUSE fourteen days after my departure shall
	be the property of the FAR HOUSE, and will be given to clients in need or otherwise donated.
	I agree to adhere to curfew regulation as discussed in the lodging agreement.
	I will give at least 2 weeks notice before vacating.
11.	I understand that the FAR HOUSE is not liable for loss or theft of personal
	property, including money.
12.	I understand that I will treat The FAR HOUSE staff with courtesy and respect; in
	return you will be treated the same.
13.	I have NEVER been arrested or convicted of any sex crimes.
	I understand that there is to be NO sexual activity in the house at any time.
15.	I understand that NO ONE is allowed in the house that doesn't live there or is not
	a staff member
16.	I understand that there are no pets allowed in the house at any time.
	ead and understand the foregoing, and I have initialed all the line items, and understand that my to comply with this agreement may result in discharge from the property.
Client S	ignature:
Staff W	itness:

RELAPSE PROTOCOL

In the event of a relapse we will utilize the following resources	:		
The manager of the house will reach out to following contacts from the resident's application.			
Emergency Contact Name:	Phone:		
Therapist Name:	Phone:		
Sober Support/ Sponsor:	_ Phone:		
The Resident must list the following insurance information so that we can use it in the event of a detox or hospitalization.			
Insurance Provider:	Phone:		
Our Relapse monitoring system at the FAR HOUSE involves random drug tests throughout the weeks that the residents live in the house. All residents must adhere to the protocols and the tests we provide.			
In the case of immediate treatment our residents will sign an Release of Information for any and all outpatient treatment centers that may help them get back into recovery.			
Signature:			
Staff Witness:			