

# SoberHomes Move-In & Move-Out Orientation Checklist

Resident Name: \_\_\_\_\_

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

Days sober: \_\_\_\_\_ Move-In Date: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

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

House Location: \_\_\_\_\_

## 1. Urinalysis Screening, Licensing Agreement and Payment

- Initial Urinalysis Completed with Result: Negative  Positive
- License Agreement and Responsibilities Addendum Reviewed and Signed
- Payment completed

## 2. Bed Bug Prevention – SoberHomes\_MoveIn\_Bed Bugs

- Place all clothing, bedding, and soft items in a sealed bag upon arrival.
- Dry on high heat ( $\geq 30$  min) immediately.
- Wash in hot water with detergent.
- Dry again on high heat ( $\geq 30$  min).
- Store in clean bags or drawers, or hang in closets after treatment.

## 3. Orientation Items Received & Reviewed

- House Manual and Rules & Responsibilities Addendum Reviewed
- Weekly Meeting & Sponsorship Verification Form Provided
- Daily Stand-up Meeting and Housekeeping Time: \_\_\_\_\_
- Weekly Community Meeting and Housekeeping Day/Time: \_\_\_\_\_
- Wi-Fi Password Provided: \_\_\_\_\_ (2085GST! | User1234)
- Personal Door Lock Password: \_\_\_\_\_
- Added to WhatsApp Group and Life360
- Daily Curfew Time: \_\_\_\_\_ Sun-Thur and \_\_\_\_\_ Fri & Sat
- Sleep/Lock-out Hours: \_\_\_\_\_ P.M. to \_\_\_\_\_ A.M.
- Member Mentor Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Fire Extinguisher and Naloxone Locations Reviewed

## 4. Bed Bundle & Personal Items Issued

### Check-in

- Lock & plastic medication case (for addictive medications and MAT)

Upon arrival member received:

- All items are placed within a clean laundry bag along with the toiletry bin, or
- Bed was made with additional items provided
  - Toiletry bin
  - Alarm clock / charging station
  - Personal laundry bag
  - Comforter

- Flat sheet
- Twin fitted sheet
- Mattress protector
- Pillow + pillowcase
- Additional Items: \_\_\_\_\_

**5. Check-In Furniture & Space Inspection**

- Bed/bunk frame/stairs – clean, stable
- Mattress & protector – no stains, tears, pests
- Dresser / closet – clean, functional
- Room condition – clean, no damage

Notes: \_\_\_\_\_

**6. Tablet (if issued):**

Date Received: \_\_\_\_\_ Member Signature: \_\_\_\_\_

**7. Check-Out**

**Items Returned and Condition**

- |   |                             |                              |            |                               |                               |       |
|---|-----------------------------|------------------------------|------------|-------------------------------|-------------------------------|-------|
| <input type="checkbox"/> Lock & plastic medication case | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Condition: | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | _____ |
| <input type="checkbox"/> Toiletry bin                   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Condition: | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | _____ |
| <input type="checkbox"/> Alarm clock / charging station | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Condition: | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | _____ |
| <input type="checkbox"/> Personal laundry bag           | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Condition: | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | _____ |
| <input type="checkbox"/> Comforter and throw            | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Condition: | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | _____ |
| <input type="checkbox"/> Flat sheet                     | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Condition: | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | _____ |
| <input type="checkbox"/> Twin fitted sheet              | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Condition: | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | _____ |
| <input type="checkbox"/> Mattress protector             | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Condition: | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | _____ |
| <input type="checkbox"/> Pillow + pillowcase            | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Condition: | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | _____ |
| <input type="checkbox"/> Tablet Returned (if issued):   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Condition: | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | _____ |

**8. Check-out Furniture & Space Inspection**

- Bed/bunk frame/stairs/curtain – clean, stable
- Mattress, mattress protector, comforter – white, no stains, tears, pests
- Dresser / closet – clean, functional
- Room condition – clean, no damage

Notes: \_\_\_\_\_

**6. Security and Damage Deposit**

Check-in Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Check-out Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SoberHomes Secretary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Housing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Estimate of Damage: \$ \_\_\_\_\_