



Application for Sober Home Residency for
26 Waitt Ave, Lynn & 356 Vernon St, Wakefield

Legal name: _____ Date of Birth: _____ Age: _____

Contact name and number to schedule a phone interview: _____

Phone: (c) _____ (w) _____

Email: _____

Former names: _____ Preferred name: _____

Hometown: _____

Most recent address _____

Who referred you to Ruth's Way? _____

What is your current source(s) of income? _____

How much is your monthly income? _____

Do you have children? If so, what are their names and ages: _____

If you are under a physician's care, please list reason(s), name(s), and contact information.

Any preexisting medical conditions? _____

Allergies: _____

Do you have any physical/emotional/mental limitations? _____

Please list medications and frequency _____

List the name and contact information of the advocate/social worker/case manager/therapist.

Have you ever had to exchange sex acts for drugs, money, food, or shelter? Yes__ No__ N/A__

Are you a veteran? Y _____ N _____

Is the Department of Children's Services involved? Yes_____ No_____

If so, what is the name and contact information of the social worker? _____

Do you use alcohol or other drugs? Yes ___ No___ Sobriety Date _____

If you have been in treatment for substance use, either inpatient or outpatient, within the last two years, give the name of each program (i.e., detox, treatment center, halfway house), the dates you attended, and the reason for leaving.

Substance of Use or Misuse (Check all that apply and list a specific form of substance)

- Alcohol Type _____ Amphetamines Type _____
- Benzos Type _____ Hallucinogen Type _____
- Marijuana Type _____ Cocaine Type _____
- Opiates Type _____ IV user? Yes ___ No ___
- Other Type _____

Have you been sober/in recovery in the past? Yes_____ No_____

When and for how long? _____

Why did you return to use? _____

Are you currently in a mutual aid or recovery program? Y___N___

If yes, name of program: _____

How many meetings do you attend per week? _____

Do you have a sponsor/mentor? Y_____ N_____ If not, why? _____

Recovery plan (Be Specific): _____

Any harassment or domestic violence concerns? _____

Any open or pending restraining order? _____

Is there anyone whom you do not want on the property or to be in contact with? _____

Do you have any open court cases? If so, where? _____

Are you on Probation/Parole? Yes _____ No _____

Probation/Parole officer(s) name and contact information _____

Are you in Recovery Court? _____ Where? _____

What other information would be helpful for us to know about you to serve you best?

What is your recovery plan? _____

List names and telephone numbers of two individuals who may be contacted in the event of an emergency:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

House Standards

Resident agrees to:

1. Fees are to be paid on time.
2. Two scheduled and/or random drug/alcohol urine analysis tests/screens per week.
3. Move out of the house immediately if the Resident has, uses, shares, buys, or sells alcohol, unauthorized medications, drugs, or misuses prescribed or over-the-counter medications.
4. If a resident is taking an over-the-counter drug, vitamin, energy drink, etc., it is the Resident’s responsibility to ensure that it will not cause false positive results.
5. Any changes to prescription and non-prescription medication(s) will require that Ruth’s Way’s leadership be notified before taking possession of the medication.
6. Smoking/vaping in designated areas only.
7. Mutual aid or support meeting expectations if in recovery from substances: Not working full time, a meeting every day; attending a PHP, a minimum of four meetings per week; working full time, a minimum of three meetings per week.
8. Comply with all mental health and wellness agreements.
9. Attend all mandatory in-house meetings.
10. The kitchen is to be cleaned, dishes washed with soap, dried, and put away immediately after each use.
11. Residents are not allowed in another resident’s room.
12. Clean up after herself, make her bed, keep her room clean and neat, and complete chores daily.
13. Failure to maintain good hygiene and/or a clean living environment may ultimately result in dismissal.
14. No halogen lamps, candles, or incense.
15. To be in the house at curfew.
16. Food is only allowed in the kitchen. Food is not allowed in the living room or bedrooms.

When I move out of Ruth’s Way for Women, I will give two weeks' notice and leave a clean space for the next person, i.e., vacuum, etc. I will take all personal property and medications with me when I leave.

Residents must take responsibility for their own and other residents’ safety and health. Residents must understand that the length of stay at the house is “resident-driven.”

I have read and agree to abide by the above-stated standards, direction from leadership, policies, and procedures.

Signature: _____ Date: _____

Financial Agreement for
26 Waitt Ave, Lynn & 356 Vernon St, Wakefield

All payments, either paper or electronic, are to be paid to Ruth’s Way Inc.

Move-In Costs

Unless other arrangements have been approved by leadership, a **non-refundable payment** is required at move-in. This payment includes:

- First week’s fee
- Last week’s fee
- \$200 move-in fee

Weekly Payments

- Weekly fees range from **\$225 to \$300**, depending on bed location.
- Weekly fees are due **every Friday by 5:00 PM**.
- Residents who receive income **on a monthly or bi-weekly basis must prepay their** weekly fees through their next income date.
- If applicable: Weekly Air Conditioning fee: **\$10**
- If applicable: Weekly excessive utility fee: **\$15**

Failure to make consistent, scheduled payments may result in dismissal.

Refund Policy

- A **two-week notice** is required when moving out.
- If proper notice is given, the **last week’s fee** will be applied to the final week.
- If notice is not given, the last week’s fee is **non-refundable**.

If a resident prepays for the month and leaves early, any unused full week prepaid fees (excluding the last week’s fee) will be refunded within **10 days** after all personal belongings have been removed.

Financial Responsibility

Residents are financially responsible for:

- Any unpaid weekly fees
- Property damage
- Costs incurred by or owed to Ruth’s Way

Agreement

By signing this Financial Agreement, I acknowledge that:

- Residents will be notified of all third-party payers
- Payments must be made on time as scheduled.
- Failure to make payments may result in dismissal.
- I am responsible for all charges incurred from my move-in date through my move-out date.
I understand and agree to the refund policy.
- All charges are due and payable according to this Financial Agreement.

Resident’s Signature: _____

Date: _____

Operator’s Electronic Signature: *Nicole OBrien*

ATTENTION: Ruth’s Way for Women may be asked to leave the house immediately and without prior notice of any Resident for the following reasons:

- 1. Being in possession of, using, sharing, buying, or selling alcohol, unauthorized medication(s), or drug(s).
- 2. Has, uses, shares, buys, or sells alcohol, unauthorized medications, drugs, or misuses prescribed or over-the-counter medications.
- 3. Any changes to prescription and non-prescription medication(s) will require that Ruth’s Way’s leadership be notified before taking possession of the medication.
- 4. Allowing a person on the property who presents to be under the influence of drugs or alcohol.
- 5. In non-compliance with the house standards, policies, or procedures.
- 6. In noncompliance with our drug and alcohol policy.
- 7. In default of payment of fees.
- 8. Has disruptive, disrespectful, or hostile behavior towards Ruth’s Way leadership.
- 9. Is verbally or physically abusive towards another house Resident or Ruth’s Way leadership.
- 10. Bullying or intimidation of house residents or Ruth’s Way leadership.
- 11. Causes damage or destruction of property.
- 12. Loses focus of their recovery plan.
- 13. Involved in illegal activity or charged with a crime during residency at Ruth’s Way.
- 14. Stealing from another house resident (this includes food).

I have read the above application and understand that I am applying to Ruth’s Way for Women as a resident of a recovery community. I agree to abide by Ruth’s Way for Women’s standards, policies, procedures, and direction from Ruth’s Way leadership, and to comply with the drug/alcohol policy of Ruth’s Way. I agree that all information provided is accurate and truthful. Failure to provide truthful information may result in immediate discharge from the sober home. I agree to leave Ruth’s Way for Women immediately and without incident if any of the house standards or policies are broken.

Signature: _____

Work/Volunteer Policy

As a resident of Ruth’s Way for Women, I agree to either work, attend school, attend classes, volunteer, or engage in any other productive activity that is approved by Ruth’s Way leadership. Volunteering instead of work is only an option for someone unable to work.

Signature: _____

Personal Property Policy

All personal property will be kept neatly in the resident’s room. Residents are not allowed to take or borrow any property of another resident without the other resident’s consent, which includes food. Ruth’s Way for

Women's leadership is allowed to inspect any personal property. When I leave Ruth's Way, I agree to take all of my property with me. When I leave for any reason without personal property, it will be held for up to 48 hours. After 48 hours, the property will be discarded or donated unless arrangements have been made with Ruth's Way leadership.

Signature: _____

Prohibited/Hazardous Items

As a resident, I commit to not having items that do not support a safe recovery environment. If I have weapons, alcohol, fireworks, stolen items, someone else's medication, unreported medication, incorrect amount or dosage of medication, drug paraphernalia, or illicit drugs, Ruth's Way may recommend a change in living environment.

Searches will be conducted by leadership. A resident may or may not be notified before the search. Any prohibited items found will be documented and properly disposed of.

To maintain a safe and healthy home environment, Ruth's Way for Women's leadership is authorized to inspect all personal property.

Signature: _____

Medication Policy

The resident is responsible for notifying and providing documentation of any medication to Ruth's Way for Women leadership. This includes all prescribed and over-the-counter medications. Medications are to be taken only as prescribed. Ruth's Way leadership has the right to count medications that are held by the resident at any time. Not taking medication as prescribed or misusing medication may require immediate dismissal. If a resident has, uses, shares, buys, or sells alcohol, unauthorized medications, misuses prescribed medications, or any substance that causes a woman to appear intoxicated or under the influence, the resident may be required to leave Ruth's Way property immediately. Some medications are to be held by Ruth's Way leadership or a nursing company and made available to the house resident. Medication should always be secured.

Not disclosing any changes of medication(s), dose amount, stopping, or starting medication(s) without notifying Ruth's Way leadership may require immediate dismissal. It is the resident's responsibility to ensure that medications will not cause a false positive. When leaving Ruth's Way, I agree to take all medications with me or make arrangements to pick up at a later date. Any medication may be disposed of after 48 hours of the resident exiting Ruth's Way unless arrangements have been made with Ruth's Way leadership.

Signature: _____

Alcohol/Drug Testing Policy

To ensure the safety of the house, residents are to comply with a minimum of two weekly scheduled and/or random drug/alcohol testing, including breathalyzing. Compliance with random drug/alcohol tests is to be

provided within 45 minutes of request. If a suitable urine sample cannot be produced, it will be considered a positive result. Requests to be breathalyzed will be complied with immediately. If a drug/alcohol analysis test is missed, it is considered a positive test and may require immediate dismissal without incident. Test results will be recorded in either electronic or paper files.

Signature: _____

Vehicle Waiver

I understand that I may request or be offered transportation from time to time from a resident, leadership, board of directors member, volunteers, or the managing Resident of Ruth’s Way for Women. I hereby indemnify Ruth’s Way Inc, house resident, leadership, board of directors member, volunteers, and/or managing resident of Ruth’s Way for Women from all damage or injury caused to me or others when I willingly accept transportation to or from any location or event, whether Ruth’s Way for Women is related or not.

Signature: _____

Social Media

I give my consent to Ruth’s Way for Women to use my picture on social media and the website.

Signature: _____

Dress Code

I agree to be fully dressed when in common areas between 7am and 9pm. Between 9pm and 7am, I agree to be appropriately dressed.

Signature: _____

By signing below I certify that the information contained in this application is true, that I have read, understand, and accept the conditions set forth above for resident and that I agree to abide by said conditions and all house standards, policies, and procedures should I become a resident of Ruth’s Way for Women.

Signature: _____

Ruth’s Way for Women agrees to uphold our house standards, policies and procedures.

Operator’s Electronic Signature: */s/ Nicole OBrien*