



Today's Date: \_\_\_\_\_  
Desired Move-In Date: \_\_\_\_\_

Post Falls ID, 83854  
northidahorecovery.com  
(208) 818-4298

## Applicant Information

Legal Name: \_\_\_\_\_

First Name

Last Name

Are you an alcoholic/addict? Yes or No (Circle One)

Drug of Choice: \_\_\_\_\_ Date of Last Use: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Referred By: \_\_\_\_\_

Current Physical Address

Street Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Is your current mailing address the same as your current physical address? Yes or No (Circle One)

Marital Status:

Married    Separated    Divorced    Widowed    Partnership    Yes or No (Circle One)

Level of Education Completed:

GED    High School    College    Graduate School    Other    Yes or No (Circle One)

Are you a Veteran? Yes or No (Circle One)

Do you have a valid driver's license? Yes or No (Circle One)

Do you have car? Yes or No (Circle One) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Current Treatment Center: \_\_\_\_\_ Expected Discharge Date: \_\_\_\_\_

Recovery and Substance Use:

Other Drug(s) of Choice: \_\_\_\_\_ Date of Last Use: \_\_\_\_\_

Do you smoke? Yes or No (Circle One)

Is there any other relevant information you would like to share with us regarding your recovery and substance use? \_\_\_\_\_

Sober Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Longest period of sobriety: \_\_\_\_\_

Local Sponsor's Name and Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

First Name    Last Name

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Address:

Street Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Would you like to add an alternate emergency contact? Yes or No (Circle One)



## Employment

Are you currently employed? Yes or No (Circle One)

Employer's Name/Address/Phone #

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## Legal

Have you been arrested in the past 30 days? Yes or No (Circle One)

Are you currently on probation or parole? Yes or No (Circle One)

If YES, PO's Name: \_\_\_\_\_ PO's Phone: \_\_\_\_\_

Are you a sex offender? Yes or No (Circle One) If so, are you registered? Yes or No (Circle One)

If you are experiencing any legal problems, such as court dates, warrants or active restraining orders, please describe them here:

List charges: Please explain in detail any violent charges:

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Will you be on probation or parole while in housing? Yes or No (Circle One)

Name of Idaho County you will be reporting to: \_\_\_\_\_

## Medical

Do you have a medical doctor? Yes or No (Circle One)

How many previous recovery attempts/relapses have you had? \_\_\_\_\_

Last treatment/sober house: \_\_\_\_\_ Facility Start / End Dates: \_\_\_\_\_

Do you take any prescription medications? Yes or No (Circle One)

Do you have any medical conditions or allergies? Yes or No (Circle One)

List any medications you are prescribed:

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Do you have tuberculosis? Yes or No (Circle One)

Do you have any communicable disease? Yes or No (Circle One)

Do you have any heart conditions? Yes or No (Circle One)

Do you have any other condition? Yes or No (Circle One)

Do you have a homegroup? Yes or No (Circle One)

Do you already have a sponsor? Yes or No (Circle One)

Are you on any drug maintenance programs? Yes or No (Circle One)

If so, do you plan to stop using the drug maintenance program as part of your recovery? Yes or No (Circle One)

Please share with us your main goal(s) at this time:

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Please share with us anything else that you feel is relevant to this application:

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## Release of Information

The resident understands and agrees that the house manager and house supervisor may share information with law enforcement or other professionals at any time during his stay at the Foundation House.

## Authorization to Leave Messages, Receive Emails, & Receive Texts

I hereby authorize that phone messages, emails, and/or text messages are allowed to be left at the above email address / phone number(s) regarding any aspect of my stay at the Foundation House, LLC.

## Financial Information

You are responsible for payment of fees. Any borrowing of money must be paid back to the individual helping you get into the Foundation House. If another person or entity has committed to assisting you in meeting this responsibility, disclose below:

Person or entity \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

## Foundation House Rules and Expectations

Foundation House ascribes and recommends that its residents live according to the 12 Steps and 12 Traditions. Our sober living environment is created upon that common ground, allowing each participant to be treated as an equal on his journey to better his life. The following are house member expectations that we believe are required to sustain this environment and for the common good of our community. These rules and expectations are the basis of behavioral skills which will assist you in your personal growth. House rules can be changed at any time by the house manager/owner to protect the house.

The following is a general list. Should the owner and /or manager of Foundation House determine that you are not following the letter and/or spirit of the following Rules & Expectations or are behaving in a manner deemed inappropriate for the environment, you will be terminated. If you are terminated for any reason, all paid program fees and sobriety deposits will be forfeited.

- **USE AND/OR POSSESSION OF ALCOHOL, ILLEGAL DRUGS OR PARAPHERNALIA:** The use of ANY alcohol or other illegal mood-altering substance (i.e. illegal drugs or prescription medication taken in a manner other than the manner prescribed) is strictly prohibited. If you are under the influence of any prohibited substance or are found in possession of such a substance or related paraphernalia (on your person or in your living space), you will result in immediate expulsion and removal from Foundation House.
- **FAILURE TO PROVIDE URINE AND/OR BREATH SAMPLE:** You agree to provide a urine and/or breath sample to be tested by management, for any cause and at any time. Refusal to provide a sample will result in immediate expulsion and removal from Foundation House.



- **ILLEGAL CONDUCT:** Any suspected unlawful conduct will result in immediate expulsion and removal from Foundation House and will be referred to law enforcement.
- **SOBRIETY/PROGRAM REQUIREMENTS:** In addition to complete abstinence from alcohol and other illegal mood-altering substances, the following are requirements during your residency at Foundation House:
  - Attend mandatory weekly house meetings. No Exceptions.
  - Attend occasional emergency house meetings unless you have a work conflict.
  - Attend at least four twelve step meeting group per week.
  - Obtain a sponsor or spiritual advisor outside the house within 14 days of moving in.
  - Meet with a sponsor or spiritual advisor at least once per week in person.
  - Work the 12 Steps with your sponsor.
  - Have at least one weekly Service Commitment within 30 days.
  - Be employed or enrolled in programming a course of study, work, or volunteer outside of Foundation House at least 30 hours per week. Must secure hours within first 30 days.
- **FEES:** It is your responsibility to pay house dues to Foundation House on or before the 1<sup>st</sup> day of each month, and utilities on or before the 15<sup>th</sup> day of each month, without exception. A \$50 late charge will be assessed on the 3<sup>rd</sup> of each month for house dues and the 18<sup>th</sup> of each month for utilities. House dues not paid within one week of due date will result in removal from Foundation House.
- **THEFT:** Any theft will result in immediate termination and be referred to law enforcement. Any suspected theft may result in termination and may be referred to law enforcement.
- **DAMAGE TO PROPERTY:** Any significant and/or willful damage to Foundation House structure and/or property may result in expulsion and removal from Foundation House and/or attachment of deposit funds to compensate for repairs.
- **THREATS OR POSSESSION OF ANY WEAPONS:** Any threat of physical violence, threat of suicide or suicide attempt, or any other threatened or attempted harm to others or self is prohibited and will result in termination and will be referred to law enforcement. The possession of any weapon (on your person or in your living space) will result in immediate expulsion and removal from Foundation House and referral to law enforcement.
- **ABUSE:** Any physical or verbal abuse of another resident, a resident's guests, or any manager of Foundation House will result in immediate termination and will be referred to law enforcement.
- **MAINTENANCE OF A PEACEFUL RECOVERY-ORIENTED ENVIRONMENT:** You may not interfere with another resident's quiet enjoyment of Foundation House. Courtesy and consideration should be shown at all times when using television, radio, personal stereo, gaming and/or other computer devices. In addition, the hours between 10:00 PM and 8:00 AM are considered quiet hours. Repeated noncompliance may result in expulsion and removal from Foundation House.
- **MAIL TAMPERING:** Any tampering or interference with mail will result in expulsion and removal from Foundation House and may be referred to law enforcement.



- **GUESTS:** No women are allowed in or on the premises of Foundation House for any reason. An exception may be made with prior notice and approval of the manager in the case of a female family member. No overnight guests of any gender are allowed.
- **CURFEW:** Curfew shall be 10:00 PM. You are expected to return to Foundation House every night before curfew. Exceptions for late returns may be made with prior notice and approval of the manager, at the manager's sole discretion. Repeated non-compliance will result in expulsion and removal from Foundation House.
- **OVERNIGHTS:** Residents cannot utilize over nights for the first 30 days. Overnights are allowed only on a 24-hour notice before overnight passes are granted. Exceptions for overnights or extended stays away from Foundation House may be made with prior notice and approval of the manager, at the manager's sole discretion. Repeated non-compliance may result in expulsion and removal from Foundation House.
- **SMOKING:** Smoking anywhere on the premises other than in a designated smoking area is prohibited. There is no smoking on the front lawn, the front steps or the sidewalk in front of the house. There is no smoking in the house. Smoking in sleeping areas will result in immediate expulsion and removal from Foundation House.
- **FAILURE TO ADHERE TO HOUSE EXPECTATIONS:** You are expected to be accountable to the other residents and the management of Foundation House as to your sobriety status. In addition, expectations among residents include but are not limited to the following:
  - Completing house jobs
  - Attending all House meetings
  - Keeping personal items out of commonly shared areas
  - Making beds daily
  - Keeping commonly shared areas clean
  - Maintaining acceptable personal hygiene
  - Responsible use of energy – lights, fans, etc.
  - House upkeep
  - No food in bedrooms
  - Be out of your bedroom during the day. Repeated non-compliance may result in expulsion.
- **VOLUNTARY TERMINATION:** You are expected to provide management with at least a 30-day notice of voluntary termination of residence. Your "out date" for purposes of fees, unless otherwise agreed in advance will be the date that both you and your belongings are removed from the house. The last month's fees will not be prorated if you move before the end of the month.
- **BORROWING / LENDING:** Residents of Foundation House will not borrow or loan money, automobiles, or other items of value exceeding \$25 to residents of Foundation House. Noncompliance may result in expulsion.

These general rules are subject to interpretation, supplement, and/or revision by the Management of Foundation House, LLC.



## Foundation House - Mandatory Weekly Meetings and Events

SUNDAY: Attend meeting of choice (flex night)

MONDAY: Attend House Meeting 7:00 PM – **Mandatory Attendance**

TUESDAY: 12 Step meeting at Foundation House 7:00 PM – 8:00 PM - **Mandatory Attendance**  
(Recovery service obligations, treatment, and church services are approved for missing meeting)

WEDNESDAY: Prairie Dogs 7:00 PM – 8:00 PM

THURSDAY: Attend meeting of choice (flex night)

FRIDAY: Attend Prairie Dogs AA 7:00 PM – 8:00 PM

SATURDAY: Attend meeting of choice (flex night)

Fellowshipping is mandatory! Summer months allow for AA campouts and retreats. Workshops and other events will be available during the winter months. Additional recreational outings will be available and all dates to be announced as they are available.

## Acknowledgements & Agreement

This is a legal and binding document. Please read it very carefully.

\_\_\_\_\_ 1. I have carefully read and truthfully answered all applicable questions above. I agree to provide an update information if any of my answers change while I am a staying at Foundation House.

\_\_\_\_\_ 2. I realize that Foundation House has been established in compliance with the conditions of §2036 of the Federal Anti-Drug Abuse Act of 1988, P.L. 100-690 (as amended), which provides in pertinent part that a sober house:

- Prohibit all house members from using any alcohol or illegal mind-altering substances
- Expel any house member who violates such prohibition
- Share household expenses including the monthly program fees among house members
- Utilize democratic decision making within the group where appropriate

\_\_\_\_\_ 3. I have been provided with a copy of and have read and fully understand the Rules and Expectations of Foundation House.

\_\_\_\_\_ 4. I am currently of sound mind and not under the influence of any drugs or alcohol.

\_\_\_\_\_ 5. I agree that I am a participant in a structured sober living recovery program-oriented home and not a tenant. I agree that I am not protected by, nor will I invoke any protections of local landlord/tenant laws. If it is found that local landlord tenant laws apply, I hereby renounce any rights that I may or may not have arising under the same.

\_\_\_\_\_ 6. I agree that I will participate in the programs of Foundation House and will abide by all its Rules and Expectations. I have 30 days to demonstrate a genuine desire to participate.

\_\_\_\_\_ 7. I specifically agree that if I violate any of the Rules and expectations of Foundation House, I may be terminated immediately from the Foundation House and I forfeit any rights to my sober deposit and prepaid program fees. I agree that final determination of any disciplinary action will be made by Foundation House and may not be appealed.



\_\_\_\_\_ 8. I hereby release and hold harmless Foundation House and all its managers, employees, members and agents from any and all lawsuits of whatever nature that may be brought by me, my heirs and/or my representatives in perpetuity.

\_\_\_\_\_ 9. In accordance with state and federal law and the principles of a 12-step program, Foundation House does not discriminate based upon race, color, religion, sex, national origin, disability, sexual orientation, HIV or Hepatitis status. By my initials, I agree to these principles and acknowledge that I may be living in the same house as a member of a protected group.

\_\_\_\_\_ 10. I agree that I am ultimately responsible for my own valuables and other personal property, during and after my residency at Foundation House.

\_\_\_\_\_ 11. I agree to pay Foundation House a Sober Deposit of \$200 before gaining residence at Foundation House. If residence is terminated for violating Foundation House Rules and Expectations as set forth in this agreement, the Sober Deposit and any other monthly fees will not be refunded. Otherwise, the Sober Deposit will be refunded upon voluntary termination less any fees for damage and/or unpaid balance(s). This is a 120 Day commitment to stay.

\_\_\_\_\_ 12. I agree to pay Foundation House a monthly fee of \$700 on or before the 1<sup>st</sup> day of each month during my stay and pay my share of utilities on or before the 15<sup>th</sup> day of each month.

**Applicant Signature and Date**

**Witness Signature and Date**

\_\_\_\_\_  
I have completed this application to the best of my ability and answered all questions honestly. I have read all materials provided to me and understand that by signing below, I am agreeing to follow all Foundation House rules and policies. A copy of the house rules has been provided to me as part of this application. When I am accepted to Foundation House, and take residency, I agree to hold harmless Foundation House, LLC., 3553 E. Jordan Dr. LLC., property owners, independent service contractors, and all service providers from all claims, actions and liabilities.

I understand and agree that all payments to Foundation House are non-refundable.

I have read both statements above, understand its contents, and voluntarily agree to its terms.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for choosing Foundation House as your sober living housing provider. If you have any questions, feel free to contact us at 208-818-4298 or write us.