

The Reserve for Women
7156 Forrest Oaks Drive
Nashville, Tennessee 37221
(850) 687-9823

Who We Are, What We Do and Our Mission

The Reserve provides individuals recovering from alcohol or substance abuse a safe, comfortable, positive, clean and luxurious place to live while transitioning from treatment or early sobriety back into the "real world." Residents are provided and can participate in weekly peer-driven groups led by those with quality sobriety focusing on step work, meditation techniques and learning tools to live a peaceful, serene and successful life as a recovering alcoholic and/or addict. Meaningful and successful recovery is presented as a multi-faceted approach focusing on mind, body and soul. Accordingly, Residents at The Reserve are also provided and can participate in peer run in-house yoga classes, mindfulness and recovery groups, Big Book studies, weekend Ascension meditation workshops (every other month) and recovery speakers from the recovery community. Our Vision is to have our residents find their true self and become the men they were meant to be and capable of being.

The House

The House is located in West Nashville 20 minutes from downtown. The house is approximately 3,000 square feet, 5 bedrooms all with HD TVs, 3 bathrooms, two great rooms with 70 inch HDTVs, and 3 car garage. The Reserve offers private bedrooms with King, Queen and Full size beds and sits high on top of a hill with one of the best residential views in Nashville. The home has easy access to the interstate network and lots of area AA, NA, ACA and ALANON meetings.

Drug Free, Social Model Environment

The Reserve is a "Social Model" sober living home with an emphasis providing a safe, clean, comfortable and sober environment. The house is a drug and alcohol-free. Residents are subject to drug and/or alcohol testing by a professional confirmation service, paid for by the resident, and conducted in a professional environment. The focus is on community and the community is encouraged to foster positive attitudes and a healthy environment for all residing at The Reserve.

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RESIDENCY AGREEMENT

I, _____, agree to abide by the following as a condition precedent to my acceptance as a resident at and for my continued residency at The Reserve:

- (1) I agree to remain drug and alcohol free. (____);
- (2) I agree to participate in the community and peer-to-peer groups offered by The Reserve. (____);
- (3) I will utilize my time at The Reserve to focus on attending meetings, getting a sponsor and completing steps with a sponsor during my residency. (____);
- (4) I agree to attend a minimum of 7 AA/NA meetings per week and will maintain a meeting sign off sheet to be reviewed at each community/house meeting. (____);
- (5) I will keep my bedroom and house clean, be respectful of other's property and will not enter another's bedroom without permission. (____);
- (6) I will select a home group. (____);
- (7) I will select and be working with a sponsor. (____);
- (8) I will obtain the chairperson's signature for each AA/NA meeting attended. (____);
- (9) I agree to be in by 11:00 p.m. on weekdays and 12:00 a.m. on weekends. (____).
- (10) I will self-administer medication as prescribed by a physician and keep my medication in the lock box provided. (____);
- (11) I will not discontinue any prescribed medication without a physician's order and I will not give or sell my medication to anyone else. (____);
- (12) I agree to participate in regularly scheduled house cleaning. (____).
- (13) I agree to maintain a respectable noise level at all times and will not disrupt or be disrespectful to the neighbors at any time. (____);
- (14) I agree to participate in and complete aftercare as required by the referring treatment center, counselor or anyone else supervising my progress and/or recovery. (____).
- (15) I will not smoke in the house and agree to limit smoking to the designated out-door areas and I will not leave cigarette butts on the ground. (____);
- (16) I agree to provide two-week notice prior to moving out and clean my room and/or personal area[a] in order to receive return of any security deposit. (____);

(17) I agree that I will have two days to return to the house in gather my belongs if I move out and/or required to move out for any reason. (____);

(18) I will respect the anonymity of all residents. Resident and house business is confidential and must not be disclosed outside the house. (____);

(19) I agree not to engage in the following and further agree that engaging the following can serve grounds as immediately termination of my residency at the house and forfeiture of any security deposit:

(a) Violating the anonymity of the house and/or its residents as outlined in ¶ (18) above. (____);

(b) Violence or threats of physical violence. (____);

(c) Abusive verbal behavior. (____);

(d) Physical violence. (____);

(e) Chronic bad/negative attitude. (____);

(f) Gambling. (____);

(g) Destruction of house property. (____);

(h) Loud music, television, radio or instrument. (____);

(i) Theft. (____);

(j) Arson. (____);

(k) Breaking confidentiality. (____);

(l) Abusive loud arguments. (____);

(m) Violation of house policy or procedure. (____);

(n) Use of drugs or alcohol. (____);

(o) Possession and/or use of weapons. (____);

(p) Refusal to submit to drug and/or alcohol confirmation testing. (____);

(q) Not informing management when you know that a resident is using drugs or alcohol. (____);

(r) Not paying rent. (____); and

(s) Having members of the opposite sex, girlfriends or significant others inside the house and/or having unauthorized visitors inside the house. (____).

* Head of household and/or management will make any decisions, along with community input, regarding expulsion and House rule changes.

(20) Prepaid rent monies and security deposit will not be returned to resident if resident was asked to leave for rule violation, failure to pay rent or relapse/use of drugs or alcohol. (____).

I, _____, will be assigned to Room No. _____, Bed No. _____ and agree to pay rent in the amount of \$_____ monthly and due every 30 days from the date of this agreement. I further agree to pay a security deposit in the amount of \$_____ that may be applied to cover any damage I cause to the property and/or deficiencies in rent or rent owed when my residency terminates. Security deposits will be refunded in full provided all rents are paid, no damage has been done to property and resident provides two (2) notice of intent to vacate.

I have read and understand the above. (____). I have been afforded the opportunity to asked questions about the above. (____). To the extent I have asked questions about the above, I have been provided satisfactory answers to any questions about the above that I have asked. (____). I agree to abide by the terms and conditions set forth above as evidenced by my signature below:

Resident

Dated:_____

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Visitor Policy

The Reserve is a sober living house and only residents of the sober living house are permitted to be inside the house absent at least 24-hour prior authorization of Doug Hanson (850) 687-9823 and notification to the house manager. Generally, and absent extraordinary circumstances, only immediate family members will be permitted to visit residents inside the house during the designated visitor time (between 1:00 p.m. and 4:00 p.m. on Saturdays or Sundays) and at least 24-hour advanced authorization must be obtained through Doug Hanson (850) 687-9823. No members of the opposite sex or significant others are permitted inside the house. The Reserve is a private residence and all residents' privacy and the right to live in a quiet and peaceful house is of paramount importance. The Reserve's visitor policy may be discussed and/or potentially modified from time to time during community meetings and with the input from the residents and Doug Hanson. This visitor policy does not apply to regularly scheduled house events and/or meetings and is only applicable to residents' visitors.

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RESIDENT APPLICATION

Name: _____ Date: _____ DOB: ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

Home: (____) _____ - _____ Work: (____) _____ - _____ Contact: (____) _____ - _____

Email: _____ DL No.: _____

In Case of Emergency Notify: _____

Contact No.: (____) _____ - _____ Relationship to You: _____

I consent to you contacting my Emergency Contact when necessary to discuss my situation. (____)

Name and Address of Person Financially Responsible for The Reserve

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

Employer Address: _____

Employer Phone: _____ Contact Person : _____

I consent to you contacting my Employer when necessary to discuss my situation. (____)

Sobriety Date: _____ How Many Times Have You Been to Treatment: _____

Longest Period of Sobriety and When: _____

What You Wish to Focus on Most or Goal While Staying Here : _____

Have You Ever Been Convicted of a Felony: _____

Conviction: _____ Date of Conviction: _____

Sentence: _____ Status: _____

Conviction: _____ Date of Conviction: _____

Sentence: _____ Status: _____

Conviction: _____ Date of Conviction: _____

Sentence: _____ Status: _____

Are You Currently on Probation, Parole or Court Ordered: _____

If so, Please Explain: _____

Pending Court Appearance and/or Charges: _____

Date of any Court Appearances: _____

Current Medications (Controlled Substances are Not Allowed)

Medications	Dose Prescribed	Prescribing Physician & His/Her Telephone Number	Reason Prescribed
(1)			
(2)			
(3)			
(4)			
(5)			

ALL MEDICATIONS ARE TO BE KEPT SECURED IN A LOCK SAFE/BOX. RESIDENTS ARE INDIVIDUALLY RESPONSIBLE TO KEEP TRACK OF, FILL, PAY FOR AND ADMINISTER THEIR OWN MEDICATIONS.

I consent to you contacting my Doctor when necessary to discuss my situation/medications. (____)

Do you have family that is supportive of recovery? (Circle One) Yes or No

Where do they live? _____

Do you have any children? (Circle one) Yes or No How Many Children _____

Do you have a valid driver's license? (Circle one) Yes or No Issued by what State? _____

Do you currently own/have access to a vehicle? (Circle one) Yes or No Registered where? _____

If accepted, how will you pay your financial agreement with The Reserve?

Do you have FMLA?STD?LTD to use while a resident here? (Circle one) Yes or No

Do you have any current legal issues? (Circle one) Yes or No If yes, please explain on back of page.

I have read and completed all items of this application and submit that all information is correct.

Signature of Applicant Date: ____/____/____

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Tenant Release Agreement

(1) The Reserve is providing the undersigned tenant, _____, a place to reside in their sober living facility located at 7196 Forrest Oaks Drive, Nashville, Tennessee, in return for a contracted rental fee.

(2) The undersigned understands that they shall live in the house under the agreed upon contractual terms and rules as provided and explained and may terminate their residence at any time.

(3) The Reserve is providing a sober living housing only and does not provide any counseling, nor restrict the undersigned from making their own personal choices as long as they do not violate facility rules outlined in their Residency Agreement. All onsite groups are peer-driven.

(4) The Reserve will provide a housing in normal condition and shall not be held liable by the undersigned for any injuries or loss to the tenant or their belongings. The undersigned, by and through their signature, acknowledges that they are responsible for any injury or accident and will forever hold harmless The Reserve unless said provider is negligent in the cause of the loss.

(5) The undersigned will immediately notify The Reserve, in writing, of any incident resulting in injury or loss. This will include a full accounting of the incident details.

Signed and dated this _____ day of _____, 20 _____.

FOR THE RESIDENT: _____

Print Name: _____

FOR The Reserve: _____

R. Douglas Hanson, II, Founder & CEO

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NARR Level 2 Services (Monitored)

- Age 18 and over eligible for consideration
- 2 Hours of Weekly Groups Provided Focusing on Physical, Emotional and Spiritual Sobriety
 - Weekly Group Focusing on Meditation, Mind, Body and Soul
 - Weekly Big Book and Literature Driven Focus Groups
- Weekly Community Meeting Focusing on Active Recovery, Sponsorship, Step Work and Meeting Attendance of Each Residence, Accountability, Admissions, Discharges, Rules and Residents' Rights
- In-House Yoga Classes
- Monthly Catered Fellowship Meal with Outside Speaker
- In-House Life Skill Classes
 - Financial, Budgeting and Credit Counseling
 - Resume Development and Career Discussions
 - Monthly Community Cooking Class and Dinner
 - Effective/Healthy Written and Communication Skills
 - Transitional Assistance
- Random Drug Screening
- Hi-Speed Internet, Community Computer and Desk Area
- Cable with HBO
- Family Referral and Collaboration

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Resident's Rights

- (1) To live in a clean, safe, drug and alcohol-free environment;
- (2) To be treated fairly and have input in admissions and discharge processes;
- (3) To discuss grievances with house manager, owner/operator and the owner/operator's oversight organization, but final decisions are left with owner/operator;
- (3) To maintain their anonymity and have others affiliated with and/or living at the house respect and protect their anonymity and privacy;
- (4) To live in an environment free of threats, physical violence and abusive or aggressive behavior;
- (5) To have their property respected and not stolen or used without their permission;
- (6) To be provided access to recovery resources and a positive, sober living environment;
- (7) To be free from discrimination; and
- (8) To discuss additional rights and/or rules during weekly community meetings that may need to be implemented and/or amended.

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Suggested, Supported and Encouraged Recovery Goals and Discharge Planning

- (1) Maintain sobriety;
- (2) Obtain and become active in a home group;
- (3) Obtain Sponsor, call Sponsor daily and work steps with Sponsor;
- (4) Attend 90 meetings in first 90 days at the house and at least 5 meetings a week thereafter;
- (5) Work steps 1 through 8 and make at least 1/2 of your amends prior to discharge;
- (6) Works Steps 10, 11 and 12 daily;
- (7) Meditate daily;
- (8) Attend all community meetings and in-house groups and classes;
- (9) Exercise at least twice weekly and attend in-house yoga sessions;
- (10) Prepare gratitude list of at least 5 items to share with a housemate on a daily basis;
- (11) Prepare a discharge plan and discharge vision to be discussed with owner/operator, sponsor and at a community meeting at least one week prior to discharge;
- (12) Utilize house provided resources and in-house life skill classes to secure employment and to prepare to enter the working world;
- (13) Discuss job search and job opportunities at weekly community meeting;
- (14) If moving out of Nashville at discharge, obtain meeting directory from where you will be living and make efforts to have at least a temporary sponsor in place before relocating; and
- (15) Establish a safe and stable place to live upon discharge.

Emergency Contact

Doug Hanson: (850) 687-9823

Nashville Fire Department: (615) 862-5421

Vanderbilt Emergency Room: (615) 322-0160

All Emergencies: 911

House Rules

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- (4) I will keep my bedroom and house clean, be respectful of other's property and will not enter another's bedroom without permission.
- (5) I will select a home group and work with a sponsor.
- (6) I agree to be in by 11:00 p.m. on weekdays and 12:00 a.m. on weekends.
- (7) I will self-administer medication as prescribed by a physician and keep my medication in the lock box provided.
- (8) I will not discontinue any prescribed medication without a physician's order and I will not give or sell my medication to anyone else.
- (9) I agree to participate in regularly scheduled house cleaning.
- (10) I agree to maintain a respectable noise level at all times and will not disrupt or be disrespectful to the neighbors at any time.
- (11) I will not smoke in the house and agree to limit smoking to the designated out-door areas and I will not leave cigarette butts on the ground.
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- (o) Possession and/or use of weapons.
- (p) Refusal to submit to drug and/or alcohol confirmation testing.
- (q) Not informing management when you know that a resident is using drugs or alcohol.
- (r) Not paying rent.
- (s) Having members of the opposite sex, girlfriends or significant others inside the house and/or having unauthorized visitors inside the house.

WEEKLY CHORES

Downstairs Bathroom

Master Bedroom Bathroom

Upstairs Back Bathroom

Kitchen and Dining Room

Porsches and Living Room

Vacuum and Mop

DAILY CHORES

- Everyone is responsible for their own bedroom areas
- Everyone is responsible for their own laundry including bed linen and towels
- Everyone is responsible keeping kitchen and common areas picked up and uncluttered