

**APPLICATION**

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact and Release of Information: (Full Name, City, State, Phone Number & Relation):

\_\_\_\_\_

Current Treatment Center: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Primary Counselor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Length of Stay at Treatment Facility: \_\_\_\_\_ Tentative Discharge Date: \_\_\_\_\_

<u>Past Treatment Programs</u>	<u>City</u>	<u>State</u>	<u>Counselor</u>	<u>Entry/Exit Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever lived in a Half-way, 3/4, or Sober House (Y/N)? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Substance(s) Used In Past: \_\_\_\_\_

Drug(s) of Choice: \_\_\_\_\_ Sobriety/Clean Date: \_\_\_\_\_

Which 12-step recovery program are you working, i.e. AA, NA, CR? \_\_\_\_\_ What meetings do you attend: \_\_\_\_\_

\_\_\_\_\_

Do you have a Sponsor (Y/N)? \_\_\_\_\_ If Yes, list your Sponsor's first name and last initial: \_\_\_\_\_

If no, why not? \_\_\_\_\_

What is your current source of income?: \_\_\_\_\_ Weekly/Monthly Income: \$ \_\_\_\_\_

Job Description: \_\_\_\_\_ How long there? \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have a valid driver license or state ID (Y/N)? \_\_\_\_\_ Do you have a Social Security Card for employment (Y/N)? \_\_\_\_\_

Do you have a child support obligation (Y/N)? \_\_\_\_\_ Amount per month? \_\_\_\_\_

Do you now, or have you ever been in a relationship with a current *ki*®RC- Laconia Sober Living program participant Y / N? \_\_\_\_\_

Who? \_\_\_\_\_

Pending legal matters (Please explain): \_\_\_\_\_

Have you ever been convicted of a felony (Y/N)? If “yes”, please explain: \_\_\_\_\_

Are you required to register as a sex offender (Y/N)? \_\_\_\_\_ Have you been convicted of arson (Y/N)? \_\_\_\_\_

Do you have any other mental health diagnosis(Y/N)? \_\_\_\_\_ What is that diagnosis? \_\_\_\_\_

Have you ever experienced any suicidal ideations, attempts, or received in-patient treatment for self-harming behaviors?

(Y/N)? \_\_\_\_\_ When? \_\_\_\_\_

Current Medications and Dosage: \_\_\_\_\_

Are you participating in or about to enter a suboxone or another drug replacement program (Y/N)? \_\_\_\_\_

Please list program name and contact information: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Why do you think you are a good fit for sober living? \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

House Manager's Signature \_\_\_\_\_

Date \_\_\_\_\_

**ki®RC- Laconia Sober Living**

**PROGRAM AGREEMENT**

ki®RC- Laconia Sober Living and \_\_\_\_\_ (program participant's name) agree to the following program terms:

1. *The program fee is \$450.00 per month.*
2. *The program fee includes room and utilities only.*
3. *An initial payment of \$850.00 is required to move in, this will include the first month program fee and security/sobriety deposit of \$400.00. Payment must be made with either cash or money order, no personal checks will be accepted. Deposits will be returned within 10 business days of program completion.*
4. *Management requires one-month notice when program participant is leaving on good terms.*
5. *There will be **no refunds (including deposit) for dismissal**, leaving before 6-month commitment is up, theft of property by a program participant, physical force against another person living in the house, or leaving without providing a one-month notice.*
6. *Failure to follow any house rules may result in immediate termination from the program, and there will be no refund of program fees paid.*
7. *The program fee is due on the date of program entry, and subsequent months will be due on the same numerical day or closest day available during the calendar month.*
8. *There will be a \$25.00 charge for any checks returned for insufficient funds and the individual will no longer be allowed to submit personal checks.*
9. *Program participants are responsible for their own food, personal hygiene products, and telephone.*

I understand and agree to the above terms.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

ki®RC- Laconia Sober Living

**PROGRAM GUIDELINES**

1. *I agree not to consume Alcohol and/or Drugs while residing at this property. If I am taking prescription medications (non-narcotic only apart from Medication for Opioid Use Disorder) that are prescribed by a doctor, I will provide that information at the time of initial intake and discuss further use with management.*

*If I am prescribed prescription medications (non-narcotic only, apart from Medication for Opioid Use Disorder) by a doctor during my stay at this residence, I will contact the house manager immediately to discuss this. I will also discuss any over the counter medications with management PRIOR to taking them. I further understand that it is my responsibility to avoid ingesting anything (including food), that may cause a false positive reading during drug screens. I understand that if staff believes that I am under the influence, I am subject to discharge even if a drug screen produces no illicit substance present. Individuals on Medication for Opioid Use Disorder agree to have the levels of the medicine randomly checked to confirm compliance with their treatment regimen.*

2. *I agree to take random screens for drug and alcohol use administered by management upon request.*

*If the test has a reading for illicit substance use, the program participant will be asked to leave the house immediately. If a program participant is unable to produce a urine sample within 1 hour of the request of the house manager, the urine drug screen/breathalyzer will be considered positive. If for some reason the test is inconclusive, or the manager is uncertain about the results, the program participant will be asked to have a drug screen/breathalyzer performed at an independent laboratory at the discretion of the manager. If that test has a reading for illicit substances (excluding those participating in a Medication for Opioid Use Disorder program producing licit use results), the program participant will be asked to leave the house immediately.*

3. *I agree not to steal others' property while I am a program participant of the house. This includes personal property and food belonging to the agency or any other program participants of the house.*
4. *I agree not to use physical force against anyone in the house while a program participant of the house. This includes threatening and/or verbal harassment of other program participants or management.*
5. *I agree to pay my program fees on time and in full each month on the date of entry, each month.*
6. *I agree within the first 30 days to actively seek and obtain full time employment. Employment hours may be substituted with volunteer hours, classes and outpatient treatment if approved by the house manager. The hours of employment must fall in between the curfew for that day. Our program defines full time employment as 32 hours of productivity from activities listed above.*
7. *I agree to follow the curfew, which is **10 PM Sunday through Thursday and 11 PM Friday and Saturday**. In the event I am unable to make curfew, I will contact the house manager to discuss this prior to the curfew.*
8. *I agree to attend minimum of five Alcoholic Anonymous, Narcotics Anonymous, and/or Celebrate Recovery meetings per week if I have less than one year in recovery and a minimum of four meetings per week if I have over one year in recovery. **The house meeting on Wednesday at 6:00 PM and Sunday at 9:00 PM is mandatory. The time of this meeting is subject to change, to be determined by house management.***
9. *I agree to find an AA, NA or CR sponsor and start step work within the first 30 days. I agree to continue doing step work during my entire stay in our program.*
10. *I understand that overnight stays away from the program are a privilege and must be cleared with the house manager 5 days prior to the date requested. Failure to be in the house after curfew will be viewed as a relapse, and the program participant will be discharged.*

11. *I agree to show financial responsibility if I bring a motor vehicle on the property, I will provide a valid driver's license, valid registration, and proof of insurance coverage. Parking privileges will not be provided by facility. I understand that it will be my responsibility to obtain and pay for parking spaces off facility property. **To be determined by house management.***

12. *I agree to keep my room clean and orderly, make my bed every morning, as well as maintain the cleanliness of the common areas, daily and as needed.*
13. *I agree to do the weekly chore that is outlined by the Chore Coordinator when assigned and to participate in any special projects that are requested by the manager of the house. **I understand that chores are to be done heavily on Wednesday and Sunday by 6 PM, I agree to check them daily, and clean, as necessary.***
14. *This residence is smoke-free & vape-free. There is no smoking/vaping inside the house at any time. Smoking/vaping in the house will result in immediate dismissal. Smoking/vaping is allowed outside only in designated areas. Cigarette butts must be disposed of properly.*
15. *No overnight guests will be allowed, including family members. Any guests will be limited to the common areas of the house and must have at least 60 days clean and sober. No non-program participants are permitted off the 1<sup>st</sup> floor of the facility(s) without prior management approval. Program participants should bring the presence of questionable guests to the house manager's attention immediately.*
16. *I will not engage in an intimate relationship with any other program participant of a ki®RC- Laconia Sober Living facility.*
17. *I agree to commit to a minimum of a 6 month stay if this my first attempt in the program and a year stay for any subsequent attempts. If I leave early, I forfeit my security deposit.*
18. *I agree to retrieve my belongings and personal effects no later than 72 hours after leaving the residence. I understand that if I do not, they will be donated to charity.*
19. *I agree to inform the house manager if I know that another program participant has relapsed. Failure to do so will result in my dismissal.*
20. *Quiet hours are from 10pm to 9am. Program participants must be out of bed by 10am.*
21. *Do not go into any other program participants' rooms when they are not present. In case of an emergency, two people must be present, and the house manager must be notified.*

**I have read and fully understand the program guidelines, I understand they are subject to change at any given time, as management requires.**

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date