



Application for Sober House Membership

Name: _____ Date of Birth: _____ Age: _____

Phone: (c) _____ (w) _____

Email: _____

Former names: _____

Home town: _____

Most recent address _____

Who referred you to Ruth's Way? _____

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

How much is your monthly income? _____

What is your marital status: Single _____ Married _____ Separated _____ Divorced _____

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? _____

Are you taking any medications? Y _____ N _____

Please list medications and frequency _____

Do you have an advocate/social worker/case manager/therapist? Yes _____ No _____

If so, list name and contact information. _____

Are you a veteran? Y _____ N _____

Are you eligible for veterans benefits? Yes ____ No ____

Have you been in contact with Veterans Affairs? Yes ____ No ____

Are you in contact with a Veterans Service Officer? Where? _____

Is the Department of Children’s Services involved? Yes ____ No ____

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

Are you suffering from substance use disorder? Yes ____ No ____

Are you recovering from: Alcohol ____ Drug addiction ____ 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 (Check all that apply and list 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? _____

What is your perception of recovery? _____

Recovery goals (Be Specific): _____

Recovery plan (Be Specific): _____

Any harassment or domestic violence, concerns? _____

Any open or pending restraining order? _____

Is there anyone who 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?

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

1. Weekly fees due every Friday.
2. Two drug/alcohol urine analysis tests per week and random testing when requested. Breathalyzed randomly.
3. Being in possession of, using, sharing, buying, or selling alcohol, unauthorized medications, drugs, or misusing prescribed or over the counter medications may require immediate dismissal.
4. If a member is taking an over the counter drug, vitamin, energy drink, etc., it is the member's responsibility to ensure that it will not cause false positive results.
5. Any and all prescription and non prescription medication(s) will require approval from Ruth's Way's leadership.
6. Smoking/vaping in designated areas only.
7. If suffering from addiction, a member is to attend a minimum of three meetings (AA/NA, Smart Recovery, etc.) per week. If a member is not working full time, a member is to attend a meeting every day. Multiple meetings in one day will be considered one meeting.
8. Member agrees to comply with all mental health and wellness agreements.
9. Member is to attend all mandatory in-house meetings.
10. Kitchen is to be cleaned, dishes washed and put away immediately after each use.
11. Member is not allowed in another member's room.
12. Member is responsible for her guest's behavior. Guests are only allowed in common areas unless permission from leadership is given. Men or significant others are not allowed in the house unless member has received permission from staff.
13. Every member is to clean up after herself, make bed, keep her room clean, and neat; and to complete chores daily.
14. Failure to maintain good hygiene and/or a clean living environment may ultimately result in dismissal.
15. No halogen lamps, candles, or incense.
16. Curfew Sunday through Thursday is 11pm, Friday and Saturday midnight.

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.

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

Signature: _____ Date: _____

Financial Agreement

On the date that I become a member of Ruth’s Way for Women, fees of \$510 for a two person room or \$600 for a single person room is required unless arrangements have been made with Ruth’s Way for Women’s leadership. This amount includes the first week and last two weeks of weekly fees.

Weekly fee is \$170 for a double room or \$200 for a single room. Weekly rent is due on Fridays. Key replacement fee is \$20.

If a member receives income on a monthly or bi-weekly basis, the member agrees to prepay weekly fees up to the date that member receives their next income payment.

Refund Policy

Two weeks notice is required when moving out of Ruth's Way for Women. If two weeks' notice is provided, the last two week's fees will be applied towards those two weeks. If two weeks notice is not provided, the last two weeks of fees will not be refunded. The member is responsible for any other money owed. The member is financially responsible for any property damage, weekly fees, or costs incurred to or by Ruth's Way for Women.

I understand that failure to make consistent scheduled payments when due may result in my discharge from Ruth’s Way for Women. In acceptance of the FINANCIAL AGREEMENT with **Ruth’s Way for Women** I agree that to qualify for **Ruth’s Way for Women** I must adhere to the attached Rules and Regulations and make my scheduled payments when due. I further understand that failure to make payments when due may result in my dismissal from **Ruth’s Way for Women**. Any unpaid account balance at the time of moving out is subject to the cost of collections and lawyers’ fees if required. Residents will be informed of payments from 3rd party payers for any fees paid on their behalf. 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.” All emergency contact information must be collected from residents. I promise to settle all charges with **Ruth’s Way for Women**. All its charges rendered to me from admission to the day of moving out. I understand the refund policy and I understand that the total of such charges are due and payable according to this FINANCIAL AGREEMENT.

Resident Signature: _____

Date: _____

ATTENTION : Ruth's Way for Women may require immediate expulsion from the house without prior notice of any member for the following reasons:

1. Being in possession of, using, sharing, buying, or selling alcohol, unauthorized medication(s), or drug(s).
2. Misusing prescribed or over the counter medication(s).
3. Changing medication(s), dose amount, starting, or stopping medication(s) without prior authorization from Ruth's Way leadership.
4. Allowing a person on property who presents to be under the influence of drugs or alcohol.
5. In noncompliance of the house standards, policies, or procedures.
6. In noncompliance with drug and alcohol policy.
7. In default of payment of weekly membership fees.
8. Has disruptive, disrespectful or hostile behavior towards Ruth's Way leadership.
9. Is verbally or physically abusive towards another member or Ruth's Way leadership.
10. Bullying or intimidation of house members or Ruth's Way leadership.
11. Causes damage or destruction of property.
12. Has lost focus of your recovery plan.
13. Involved in illegal activity or charged with a crime during membership at Ruth's Way.

I have read the above ATTENTION notice and understand that I am applying for membership at, Ruth's Way for Women, as a member of a recovery community. I agree to abide by Ruth's Way for Women's principles and fully subject myself to Ruth's Way's standards, policies, procedures, direction from Ruth's Way leadership, and to comply with the drug/alcohol policy of Ruth's Way. I understand that I am subject to immediate expulsion if any of the preceding occur.

Signature: _____

If I am on Probation or Parole, I understand that they will be contacted immediately upon my discharge. By signing below, I am giving my authorization to Ruth's Way for Women leadership to speak with any member of the probation/parole department at any time for any reason.

Signature: _____

I give my authorization to Ruth's Way for Women leadership to speak with any employee or representative of the Department of Children and Families at any time for any reason.

Signature: _____

I allow Ruth's Way for Women to use my picture on social media and website.

Signature: _____

Work/Volunteer Policy

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

Signature: _____

Personal Property Policy

All personal property will be kept neatly in the member's room. Members are not allowed to borrow any property of another member without the other member's consent, this includes food. Ruth's Way for Women leadership is allowed to inspect any and all personal property, this includes any electronic property. When I leave Ruth's Way I agree to take all of my property with me. If 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: _____

Medication Policy

The member is responsible to provide documentation for any medication for approval by Ruth's Way for Women leadership. This includes all prescribed and non prescribed medications. Medications are not to be in the possession of, shared with or sold to any house member. Medications are to be taken only as prescribed. Ruth's Way leadership has the right to count medications that are held by house member at any time. Not taking medication as prescribed or misusing medication may require immediate dismissal. If a member is in possession of, using, sharing, buying, or selling alcohol, unauthorized medications, misusing prescribed medications, or any drug the member may be required to leave Ruth's Way property immediately. Some medications are to be held by Ruth's Way leadership.

Changing medication(s), dose amount, or starting medication(s) without prior authorization from Ruth's Way leadership may require immediate dismissal. It is the member'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. Any medication may be disposed of after 48 hour of members exiting Ruth's Way unless arrangements have been made with Ruth's Way leadership.

Signature: _____

Alcohol/Drug Testing Policy

Members are to comply with scheduled two weekly drug/alcohol analysis testing as well as random tests, including breathalyzing. Compliance with random drug/alcohol analysis tests are to be provided within 45 minutes of request. If an immediately suitable urine sample cannot be produced, a member is to be in the presence of Ruth's Way leadership until a suitable sample is provided. Requests to be breathalyzed will be complied with immediately. If drug/alcohol analysis test is missed, it is considered a positive test and may require immediate dismissal without incident.

Signature: _____

Vehicle Waiver

I understand that I may request or be offered transportation from time to time from a house member, leadership, member of board of directors, volunteers, or managing members of Ruth's Way for Women. I hereby indemnify Ruth's Way Inc, house members, leadership, board of director members, volunteers, and/or managing members 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: _____

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 members and that I agree to abide by said conditions and all house standards, policies, and procedures should I become a member of Ruth's Way for Women.

Signature: _____

Personal Data Information Sheet

Member's name _____

Cell # _____ email _____

Date of birth _____ Age _____

Insurance _____ Policy # _____

Primary Care Physician _____ # _____

Blood type _____ Allergies _____

Health problems _____

Emergency contact person _____

_____ Relationship _____

Medications/Dosage _____
