** Keys 2 A 2nd Chance, LLC**

**Women’s ¾ Recovery Housing**

**RESIDENT CONTRACT**

**I understand that to be successful in my recovery it is important to**

**work on it daily and I will by doing the following:**

1. **Remembering not to neglect my spiritual health & growth during my recovery process.**
2. **NOT engaging in any NEW amorous relationships. (Marriage an exception)**
3. **Obtaining a sponsor & home group ASAP, maintaining contact with my sponsor, and working diligently on the 12 Step Program.**
4. **Completing all homework assigned by my sponsor and counselors.**
5. **Attending all scheduled appointments, being on time and not leaving early, i.e.: IOP, AFTERCARE, PYSCH APPOINTMENTS, DR. APPOINTMENTS, & MEETINGS.**
6. **Attending 90 in 90 AA/NA meetings if possible, then 3-5 meetings per week.**
7. **Participating in available/appropriate social events sponsored by AA/NA and other spiritual, social, clean, sober, events and functions.**
8. **Seeking transportation to meetings, events, and other functions with other females with at least 1-2 years of clean time.**
9. **WORKING AN HONEST PROGRAM. NOT GLORIFYING MY PAST USEAGE.**

**NOT ISOLATING MYSELF. LIMITING MY IDLE TIME.**

1. **Seeking suggestions and support of the staff, other residents, my support group, and my sponsor.**
2. **Checking in on a regular basis to let staff know of my whereabouts & not leaving the county without prior permission.**
3. **Adhering to the “buddy system for the first 30 days of my stay.**

**I have read, understand, and will fully comply with all of the above.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_**

**A “safe place” to continue recovery P.O. Box 111, Leavittsburg, OH 44430 Telephone: 330.506.6035, fax - 330.898.7963** [**Keys2a2ndchance@gmail.com**](mailto:Keys2a2ndchance@gmail.com)

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