

THE THIRTEEN STEP HOUSE INC. ADMISSION AGREEMENT

- (1) **NAME:** _____ have read the **rules** and **regulations** for the residents of the Thirteen Step House Inc. and agreed to abide by these rules and subsequent rules implemented by the Executive Director.
_____ **Initial**
- (2) I understand that I am responsible for my weekly rent, which is **\$115.00 per week** due by each Saturday. You must see the Director if you cannot meet this obligation. **You agreed to pay this amount each week when you moved in. Payment of any unpaid rent before moving out must meet with the Director for payment arrangement. If failed to make arrangements or fulfill the payment arrangement may result in court actions or collection agency**
_____ **Initial**
- (3) I understand that there will be **NO REFUND** for entry fee or rent paid to The Thirteen Step House Inc. for whatever reason. _____ **Initial**
- (4) I understand that The Thirteen Step House Inc. is not responsible for any loss of personal property or injury caused by theft or neglect of the management, Board of Directors, employees or any residents of The Thirteen Step House Inc. We have provided lockers and are your responsibility to purchase a key lock and give the Director a copy of the key. _____ **Initial**
- (5) I give my permission for The Thirteen Step House Inc. to give any information to my case worker, probation, parole, any law enforcement officer and to any Halfway house. _____ **Initial**
- (6) In an effort to cooperate with The Thirteen Step House Inc., enforcement efforts regarding the possession and use of illegal drugs, prescription drugs that are not reported to Director, K2, Spice or other names, and alcohol, I hereby acknowledged and grant my consent for entry into my personal living quarters, locker, vehicles owned or using by any resident and to conduct a drug or alcohol test at any time. **Search will be conducted by Director/ Assistance Director/ any Board Members, police officer and a properly trained and certified narcotic detection canine team by the Fort Wayne Police Dept. or Allen County Police Dept.** _____ **Initial**
- (7) I understand this a six month program and must complete 1st thru the 5th step with a sponsor to successfully complete our six month program. _____ **Initial**
- (8) Upon moving into the Thirteen Step House Inc, must buy a Alcoholics Anonymous book and pay \$30.00 for drug test(10 panel & breathalyzer), this will cover your six month stay. Any testing requiring lab work will result in an additional charge to the resident at current pricing(our cost). _____ **Initial**

I have been provided a copy of the rules and regulation of The Thirteen Step House Inc. and hereby state that I understand the Admission Agreement above.

Resident Signature: _____ **Date:** _____
Executive Director: _____ **Date:** _____

FINANCIAL INFORMATION

(Entry Fee WILL BE PAID IN CASH)

If you are not making payment give name of person making payment:

NAME (_____) _____ - _____
PHONE #

WHO REFERRED YOU TO THE THIRTEEN STEP HOUSE INC? _____

HAVE YOU LIVED HERE BEFORE: YES / NO WHEN: ____/____/____

ADDICTION HISTORY

How long have you been drug & alcohol free?

DRUGS: _____ ALCOHOL: _____
DAYS MONTHS YEARS DAYS MONTHS YEARS

What is your primary addiction? _____

If previously treated, where? ADDRESS: _____

CITY STATE ZIP CODE

Name of counselor: _____

LIST NAME OF AA/ CA/ NA SPONSOR: _____

TRANSPORTATION STATUS

Valid driver's license? YES / NO DLN: _____ Expiration Date: _____

Auto Make: _____ Model: _____ Year: _____ Plate #: _____ Car
Insurance? Yes / NO Company: _____ Expiration Date: _____

LEGAL STATUS

Are you on probation YES / NO Are you on parole YES / NO

Full name of Probation / Parole Officer: _____

Phone #: (____) _____ - _____

Reason for your Probation / Parole: _____

Are you under House Arrest: YES / NO Do have any charges pending: YES / NO

What are the charges: _____?

Are you a convicted sex offender? YES / NO

If yes, we cannot accept you as a resident at The Thirteen Step House Inc.

EMPLOYMENT HISTORY

Are you currently employed? YES / NO If no, how will you pay rent: _____

Place of employment: _____

Name of employer: _____ Contact # (____) _____ - _____

Please list all skills and qualification:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

Residents Signature: _____

THE THIRTEEN STEP HOUSE INC.

RESIDENT'S NAME: _____

All residents must have employment within **FOUR WEEKS** OF BECOMING A RESIDENT.

If unemployed or becoming unemployed while a resident, you must show proof of applying for work at a minimum of (15) **applications per week**. You can get your job verification form from the coffee bar or the office. **Turn in to the office every Friday.**

You must have employment by: ____/____/____ 30 days from entry date. If you cannot find employment by this time, you can be **terminated**. Under special circumstances, you may request a meeting with a subcommittee of the Board of Directors for consideration of your continued residency.

If you are unemployed at the time of moving in, you must apply for rent assistance at **WAYNE TOWNSHIP** and show proof of your application to the Director.

RESIDENTS SIGNATURE: _____ DATE: ____/____/____

EXECUTIVE DIRECTOR: _____ Date: ____/____/____

IN YOUR OWN WORDS, TELL US WHY YOU WANT TO ENTER THE THIRTEEN STEP HOUSE INC.

THE THIRTEEN STEP HOUSE INC.

MEDICAL HISTORY

List any physical problems: _____

Have you been diagnosed or treated for:

HEPATITIS: YES / NO

AIDS: YES / NO

HIV: YES / NO

Are you currently suffering from any contagious disease: YES / NO?

If so, what: _____

Who is your Physician? _____ Phone # (____) _____ - _____

Have you ever been treated or diagnosed for any Mental Conditions: YES / NO

If so, what: _____

Will you release your Medical Record to the Thirteen Step House Inc.: YES / NO?

List all Medication you are presently taking:

(1) _____ (5) _____

(2) _____ (6) _____

(3) _____ (7) _____

(4) _____ (8) _____

Name of Prescribing Physician: _____ Phone #: (____) _____ - _____

Residents Signature: _____ Date: ____/____/____

THE THIRTEEN STEP HOUSE INC.

The Thirteen Step House Inc. is a business, therefore if you decide to forward your address to **1317 W. Washington Blvd.** and when you move out, your mail will continue to come here for one year. You will not be able to do a change of address with the Post Office. If you decide to have your mail sent here I need a forward mailing address.

STREET

CITY

STATE

ZIP CODE

I give my permission for one of the following names below to pick up my property after my discharge. Property will not be given to anyone not listed below.

(1) _____

(2) _____

(3) _____

(4) _____

All items left at The Thirteen Step House for 30 days after my discharge will become The Thirteen Step House's property.

By sign below, I understand I have 30 days to get my property after my discharge.

Resident: _____