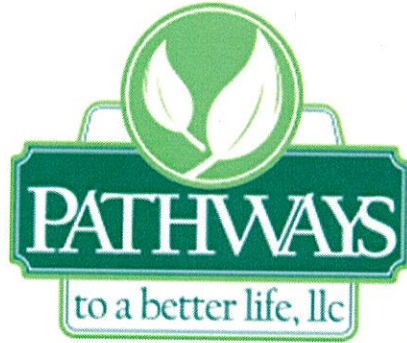




Pathways Sober Living Application Process

Thank you for inquiring about Pathways Sober Living. In order to be considered for our Sober Living apartments you must follow the directions listed below:

1. Complete application
2. Return in person, by mail, fax, or email

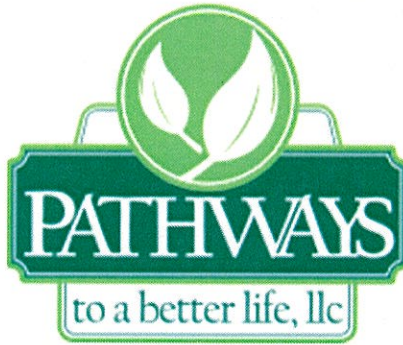
Mail: PO Box 347. Kiel, WI 53042-0347

Fax: Attn: Marna 920-894-1373

Email: mcooper@pathwaystoabetterlife.com

3. Once the application has been received, please allow 2-3 business days for us to review
4. If you have any additional questions about Sober Living or your application, please call 920-894-1374 to speak with Marna.

Thank you again for inquiring about Pathways Sober Living. We wish you the best in your recovery journey.



Sober Living Guest Application

Date of Application: ____/____/____

Ideal Move In Date: ____/____/____

Full Name of Applicant: _____ DOB: ____/____/____

Current Address: _____

Current Phone #: _____

Marital Status: Single - Married - Divorced - In Process of Divorce - Separated - Widow/Widower

Do you have a Driver's License: YES - NO

Driver's License #: _____ State: _____

Email address: _____

Current Legal Issues Pending:

Probation Officer: _____ Phone#: _____

Drug of choice: _____

Other drugs used: _____

Date of last illicit drug use: ____/____/____ (if applicable) Drug used: _____

Date of last Alcohol consumption: ____/____/____ (if applicable)

Most recent Treatment Program Experience: _____

Did you complete the program: YES - NO Length of participation: _____

Current Prescription Medications:

Current Non Prescription Medications:

Emergency Contact: _____ Phone #: _____

Relationship to you: _____

Will you sign a Release Of Information for Medical History? YES - NO Release signed ☐

Have you ever been diagnosed with any of the following conditions?

☐ Allergies- meds taken: _____

☐ Depression or anxiety – meds taken: _____

☐ Eating Disorder-treatment received: _____

☐ Hepatitis A, B, C-treatment received: _____

☐ Sleep disorder/sleep apnea, ADD, ADHD, PTSD- meds taken: _____

☐ Chronic Pain – meds taken: _____

☐ HIV or AIDS- treatment received: _____

Are you currently employed? YES - NO If yes, Where? _____

Please list your employment experience:

Do you have a high school diploma, HSED, GED, college or other degree? Please list here:

List four goals you would like to accomplish while living at Pathways:

1.

2.

3.

4.

"Plan B"

If you are asked to leave Pathways due to misconduct, what is your "Plan B"? Do you have a safe place where can go if asked to leave? Note: If you are on probation, your 'safe place' may be in jail.

Safe Place:

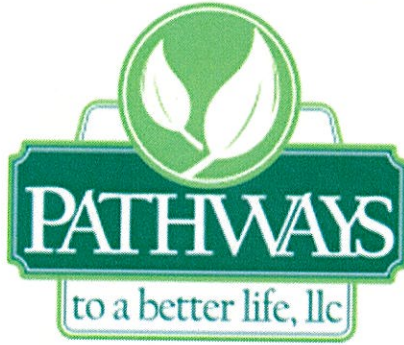
Contact Info:

Relationship to you:

Term of stay at this sober house doesn't have a maximum, however we encourage a (3) three month commitment. You will be expected to work a job and/or attend school when you are steady in your recovery. You must attend at least (3) three 12 step programs per week, meet with your sponsor regularly to work the steps of a 12 step program, perform regular community service, participate in house chores and meetings, and maintain a respectful attitude towards other guests and staff/volunteers.

____ I consent to a background check. (Please initial.)

Signature: _____ Date: _____



Pathways Sober Living Payment Agreement

By signing this legally binding agreement, I, _____, agree to pay **\$450.00 a month**, due the 1st day of the month. Rent payment may be prorated if not entering in the beginning of the month.

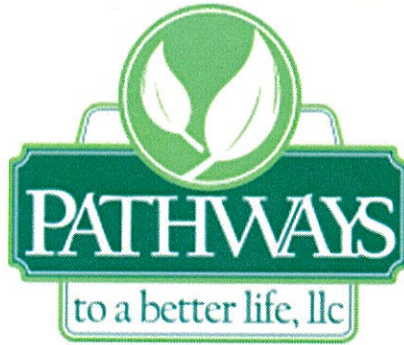
I also agree to pay the **\$450.00 security deposit**, which is due upon acceptance to the Sober Living Program. If you have any questions or concerns, please contact Marna at 920-894-1374.

Signature: _____ Date: _____

Print name: _____

Witness signature: _____ Date: _____

***Please make checks or money orders payable to: Pathways Sober Living**



Pathways Sober Living Contract

Pathways Sober Living, which may be referenced as Pathways, has established rules of conduct that all guests are expected to adhere to.

Safety:

- I agree that I will not bring illicit drugs or alcohol in any form on to the property of Pathways.
- I will not bring prescription medications that have not been prescribed to me onto the property of Pathways.
- I will not bring prescribed medications that are on the "not-allowed" list onto the property of Pathways.
- I will not bring homemade or purchased paraphernalia onto the property of Pathways.
- I agree that I will not engage in the use of alcohol or illicit/illegal drugs, or the abuse of prescription medications (including those prescribed to me) while a guest of Pathways.
- I agree that I will not have any contact with former dealers or former "using friends" while I am a guest of Pathways. I will not correspond in any way with males and females that I have a "no contact" order with. I will not ride in a vehicle with anyone included in the above list while I am a guest of Pathways. I will not ask for, or accept phone numbers or e-mail addresses from anyone listed above. I will not correspond on Facebook with any person listed above. I agree that if I have a question about this rule, I will ask staff for clarification.
- I agree that I will not light a cigarette, smoke, or use chewing tobacco inside of Pathways. I agree that I will only use tobacco products in designated smoking areas. I will not throw cigarette butts or cigarette package wrappers on the property. I will not leave my lit cigarette unattended.
- I agree that I will not bring explosive items (firecrackers, etc.) or weapons of any kind onto the grounds of Pathways. I will not use any form of accelerant on an open flame on the grounds of Pathways.
- I agree that I am ultimately responsible for the actions of my visiting friends or family members. I will not leave children unattended, ever! I will not allow visitors inside Pathways without prior approval from staff. No visitor of the opposite sex is allowed in the building. I will not allow visitors to enter personal living spaces (bedrooms) and visitors are not allowed to stay overnight on Pathways property.
- I agree that if I witness or have knowledge of an unsafe situation concerning myself, the property or another guest, I will report it to staff.

- I understand that if I violate any of the above rules it is grounds for my immediate expulsion from Pathways.

_____ I have read, understand, and agree to follow the Safety rules listed above.

Respect for self, others and Pathways property:

- I will show respect for others including guests, visitors, staff, and volunteers. There is no tolerance for ANY violent behavior at any time.
- I will respect my housemate's right to privacy and anonymity and understand the disclosure of ANY information about other guests will NOT be tolerated, this includes phone messages and opening of mail.
- I will be courteous regarding noise levels of conversations with others, telephone calls and TV and music noise levels.
- I will not have a romantic or sexual relationship with any other guest or volunteer of Pathways.
- I will maintain personal hygiene and comply with all of my doctor's recommendations regarding physical and mental health care medications.
- I will respect all property of all Pathways guests, staff, and volunteers by:
 - agreeing that I will not flush tampons, paper, grease or cigarette butts down the toilets. I will not pour grease, paints, or dyes down the drains. I will not tie dye fabric at Pathways.
 - not altering or damaging curtains, bedding, carpets or furniture in any way.
 - not hanging pictures or other items on walls or ceilings without permission from staff.
 - not entering another guest's bedroom without permission, or sitting or lying on another guest's bed.
 - not sleeping in any other area of the house, other than in my own bedroom
 - not storing or consuming food or beverages in my bedroom or any other rooms except the kitchen.
 - bottled water is acceptable to have in other parts of the apartment.
 - washing my own dishes and putting them away.
 - completing all of my assigned chores daily. I will do my part to keep my bedroom and all other property of Pathways clean and tidy.
- I understand that TV's are not allowed in the bedrooms at any time.
- I understand that any damages to Pathways property must be reported immediately.
- I understand that Pathways is not responsible for lost, damaged or stolen items. Upon exit, I understand that my personal belongings must be picked up within 10 days or they will be donated.
- If I break or damage an item that is not my own, I will report it and pay any damages as determined by staff.

_____ I have read, understand, and agree to follow the Respect for self, others and Pathways rules listed above.

Honesty to self and others:

- I understand that I have certain responsibilities concerning myself and other guests with one of the most important being that we support each other in remaining sober, honest, and accountable to self and others. I understand that violation of "absolute honesty" will initially result in being put on probation and repeated dishonesty or unwillingness to take responsibility for my actions will result in accelerated discharge from Pathways.
- I agree that I will participate in all mandatory meetings including AA or other 12 step support meetings, house meetings, and all other guest activities. This includes attending 3 meetings in 7 days, and respecting the confidentiality of all members and meeting contents.
- I agree to be continually working a 12-step recovery program under the guidance of a sponsor throughout my stay at Pathways. I agree to obtain a sponsor of my choosing within the first 30 days at Pathways.
- I agree that I will not borrow money, cigarettes, or other items from Pathways staff and Volunteers.
- As a guest of Pathways, I will be required to purchase all of my own food. I understand that food purchased by individual guests and labeled with their name, is not to be used by other guests without permission.
- I agree that if I have knowledge of an incident involving another guest that compromises the safety or sobriety of others, I will report it to staff immediately.
- I agree that if I have knowledge that an incident of theft has occurred, I will report it to staff. I understand that "unauthorized borrowing" (theft) is grounds for immediate expulsion.
- I agree to the signing of releases for purposes of discussing my recovery and confirming abstinence from drugs and alcohol. (Separate Form)

_____ I have read, understand, and agree to follow the Honesty to self and others rules listed above.

Residency fees and other financial obligations:

- I agree that I will pay all fees owed to Pathways before departure or sign a contract that designates a payment plan for fulfilling my financial obligation, if staff deems that an option. I will then follow through with the terms of the payment plan. I agree that my happiness is my responsibility. If I become dissatisfied or unhappy with my living situation at Pathways, I will do what I need to do in order to improve my situation. I will seek out assistance from staff, my sponsor, friends, counselor, or peer group.
- I agree that I will pay the monthly guest fee of \$450.00 by the 1st of every month.
- I also agree to pay a Deposit of \$450.00, which will be returned to me within 30 days of my stay, as long as I don't have any outstanding debts to Pathways, AND gave a proper notice of at least one week of my intent to leave, AND there are no damages to the property.
- I agree that all fees may be non-refundable if discharged for rule violations.
- I acknowledge that the following violations will be dealt with, in most cases, by IMMEDIATE EXPULSION from Pathways AND there will be no refund of unused

residency and security fees: possession or use of alcohol or other drugs or drug paraphernalia, refusal to take an alcohol or other drug test (UA, PBT, ETG), violence or threat of violence in any form towards staff/volunteers/meeting participants/visitors/other guests, lighting cigarettes on the stove, smoking inside of the house, possession of a weapon or explosive item, and theft or intentional damage to another guest's property.

_____ I have read, understand, and agree to follow the Residency fees and financial obligations rules listed above.

Medication management:

- I agree to keep my medications, prescription and over-the-counter, locked in rented lock box and inaccessible to other house guests. I agree that all over-the-counter medications must have original label with the name of the medication and dosage instructions on the label.
- I agree that all prescription medications must be kept in the original container with guest's name, name of medication, dosage instructions, doctor's name, date and pharmacy name. Medications cannot be mixed in the container.
- I agree that I will take all medications only-as-directed, whether they are over-the-counter, or prescription.
- I agree that if I take a prescription medication in any manner other than as prescribed, it will be considered "using". Consequence for using drugs or abusing prescription medications at Pathways is immediate expulsion and notification to probation agent, if applicable.
- I agree that I will not, under any circumstance, share my medications. Consequence of sharing medications will be immediate expulsion from Pathways for all guests involved.
- I agree to dispose of all unused medication properly at a designated location, such as the fire department.

_____ I have read, understand, and agree to follow the Medication management rules listed above.

Employment/ community service:

- I agree that I will seek employment and obtain a job within 30 days.
- I agree that I will perform community service and agree to represent Pathways in a positive, responsible manner while doing so.

_____ I have read, understand, and agree to follow the Employment/Community Service rules listed above.

Transportation:

- I understand that transportation provided by staff is a privilege, and temporary, until I receive my first paycheck. Transportation will be provided by staff if available and only as a last resort, to recovery related appointments and/or outings.
- I agree that if I use a bicycle belonging to Pathways, I will return it in working order, and in the same condition I received it in. I will use a bike lock to secure the bike when not on the grounds of Pathways. I will return the bike lock with the key or I agree that I will purchase a new bike lock to replace the one I lost.
- I understand that personal vehicles are not permitted in the first 60 days. Permission may be granted on an individual basis after 60 days.

_____ I have read, understand, and agree to follow the Transportation rules listed above.

Probation/parole/court orders/mental health commitments:

- I agree that I will comply with all Wisconsin Department of Corrections Rules regarding my probation (if applicable). I understand that if I violate the Wisconsin Department of Corrections Rules regarding my probation, my probation officer will be notified immediately.
- I agree to comply with all conditions of a bond or judge's order. I understand that if I violate a judge's order or condition of bond, law enforcement will be notified and it will be grounds for immediate expulsion from Pathways.
- I understand that if I am on probation/parole and I violate my probation/parole rules or break societal laws in any way, my probation officer and/or law enforcement will be notified immediately.
- I understand that if I am under a mental health commitment order and I violate the guidelines of that order, my social worker and/or law enforcement will be notified immediately.
- I understand that if I fail a UA or Breathalyzer test, my probation agent will be notified.

_____ I have read, understand, and agree to follow the Legal rules listed above.

Drug Testing (UA, ETG, PBT, etc.) and Curfew:

- I understand and agree that I will be tested randomly for illicit drug use, alcohol use, and/or prescription drug abuse at any time during my stay at Pathways. Refusal to take any drug test will be treated as a positive result and the consequence will be immediate expulsion from sober living and if applicable, my probation agent will be informed. If I am asked to take a drug test and I do not pass I am financially responsible for cost of the test.
- I agree that it is my obligation to request that a peer submit to a drug test if they appear to be under the influence or Intoxicated, and report it to the Sober Living House Manager.

- I agree to follow all curfews. I will be on property of Pathways by 10 pm Sunday through Thursday. I will be on property by 11 pm on Friday and Saturday evenings. Visitors of Pathways guests are to be off Pathways property by curfew time.
- I agree that I will be up in the morning by 8:00am Monday through Friday to participate in Morning Meditation with my peers and to make the most of my days to attend meetings, IOP, or perform job searches.

_____ I have read, understand, and agree to follow the Drug testing and curfew rules listed above.

Discharge Policy:

- I understand that if discharged due to a rule violation, all fees paid may be non-refundable
- I understand that upon discharge, I must return all Pathways property, in good condition, which includes but is not limited to keys, lock boxes, laundry baskets, books, linens, and towels.
- I understand that if I cause any damage to Pathways property, I may have the cost deducted from my security deposit.
- I understand that I am assuming all risk by being a guest of Pathways. I do not hold Pathways, its board of directors and officers, or the owners of this house liable in the event of an accident, injury or theft.

_____ I have read, understand, and agree to the Discharge Policy.

I, _____ understand that this is NOT a rental lease agreement and the conditions of my stay are dependent upon my progress and can be terminated.

I, _____, have read, understand, and agree to Pathways Sober Living's program rules and expectations. I understand that safety violations or continuous violation of minor rules will be grounds for immediate expulsion as a guest at Pathways.

I, _____, understand and agree that Pathways to a Better Life's staff has the right to enter the property and do random property searches at any time without prior notice.

Signature _____

Date ____/____/____

Staff Signature _____

Date ____/____/____

Staff Signature _____ **Date** / /