

***Dear Concerned Individual, Friend or Family Member;***

***Welcome to The Resurrection House a Level One Sober Living Residence.***

***Our vision at The Resurrection House is to provide a safe Christ-centered sober living home. The goal of this home is to provide a substance-free, mutually supportive living environment for adult recovering alcoholics and drug addicts. No treatment services are provided but residents may engage in self-help programs, spiritual and emotional support as well as basic life skills to help our residents to begin to make right choices and become productive and contributing members of society.***

***You are important to us as well as the success of your sobriety. We know that the process can be long and the wait can feel even longer. Please realize that we have a limited number of spaces available, so be patient but persistent, it will pay off. The following page outlines the application process.***

***Sincerely,***

***The Resurrection House***

# The Resurrection House Covenant Contract

Upon signing this document, I agree to comply with all of the following:

There is a program fee of \$500/month with the first month required prior to entry into The Resurrection House, each month thereafter to be paid on the 1<sup>st</sup> of the month. Two forms of identification are required prior to signing this covenant contract.

- 1) Social Security Card
- 2) Valid State Picture ID Card.

## **Mandatory Rules: Read and Initial each one**

- Upon entering this program, you agree to comply with all ministry and Resurrection House requirements
- There is a \$500/month program fee that will be collected on the first of the month
- Smoking will only be allowed in designated area
- No drugs, alcohol, antidepressants, or psychotropic, nothing mood altering of any kind
- Must show proof of prescribed medication prior to admission into the house
- No foul language or any type of negative talk
- 15-minute showers are to be taken daily. You will be responsible for leaving the bathroom clean for the house.
- Dress modestly. Shirts are to be worn at all times
- It is mandatory to have a return trip ticket if traveling to or from out of the area
- All personal belongings will be searched upon arrival and may be searched at any time after admission into the program
- Drug testing may be done at any time with no warning by Police Officer and/or Drug Dog
- You will sleep in your assigned bed only
- Do not sit on or touch anyone's bed or belongings
- House Curfew is 11:00pm, unless approved. "Lights Out" 1 hour after curfew – Please be respectful of others work schedules
- No unapproved visitations allowed – All approved visitors must remain in common areas only
- Full time employment or legitimate source of income is a requirement while residing in The Resurrection House

- You will be responsible for your own transportation to and from work
- If you are dismissed from the house, you must take all of your possessions with you. Anything left behind will be donated or discarded
- Proof of insurance and valid Driver's License must be provided during your tenure in The Resurrection House if you own a vehicle. Parking will be available behind the church in designated spots. All vehicles must be moved from the parking lot prior to weekend services.
- You acknowledge sole responsibility for all medical, dental, and other expenses owed for yourself and any and all third parties as a result of your acts or omissions whether intentional, negligent, or other, during your tenure at The Resurrection House.
- A medical screening for HIV, STD's, Hepatitis A, B, C (panel) and tuberculosis must be completed and results received prior to entry into The Resurrection House
- A positive blood test result for HIV, Hepatitis A, B, C or TB will prohibit entrance into The Resurrection House. Any STD's must be treated before entrance
- No overnight or weekend passes allowed except as Resurrection House Board approved
- Respect of Others: no loud music, stay out of other resident rooms. Do not eat food from the refrigerator if it does not belong to you. Clean up after yourself immediately after you have finished eating. Respect the neighbors.
- No food or drink in the bedroom in order to keep ants and rodents away. You may have water in the bedrooms.
- *Residents are required to attend ALL outside church programs, (ex. AA, NA...).* You will be required to have an attendance sheet signed
- All Residents will be assigned house chores. This must be done weekly.
- Clothing that depicts alcohol or drugs will not be tolerated.
- All Residents are encouraged to support each other in their journey.
- There will be NO physical violence tolerated
- You give permission to the Ministry Supervisor to inquire of your family, employer, or probation officer regarding any matters that concern yourself
- You may use tobacco products in designated areas only.
- Please read and do not initial this line

The undersigned party hereby waives any and all claims, demands, suits, damages, loss, judgment's, liens and/or assessments which they may have or incur individually or jointly for either personal injury or property damage, against The Resurrection House.

The undersigned party further agrees to insure, hold harmless and defend The Resurrection House and assigns for any liability which may be imposed upon The Resurrection as a result of any injury to himself or his personal property, and/or as a result of any injury to a third party resulting from acts or conduct by the undersigned.

The undersigned hereby accepts responsibility for all medical expenses incurred while a resident in The Resurrection House. I further agree to insure and hold harmless The Resurrection House for any and all expenses resulting from my medical treatment.

The undersigned hereby acknowledges receipt of (and that I have read and understand) the rules, disclosures, requirements, and commitments. I agree to abide by all of the rules as set forth by The Resurrection House. I further understand that disobedience of said rules may result in dismissal from the house.

We reserve the right to evaluate the entrance to the house on an individual basis. Your acceptance will be determined by the Resurrection House Board.

By signing this Covenant Contract, you acknowledge that choosing to break any of this covenant may jeopardize your ability to stay in the program or result in your immediate dismissal from the program and eviction from The Resurrection House

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Because we do not offer any medical withdrawal or detox, the residents must be "clean" upon entering the program and adhere to strict, non-using, sober guidelines. For the benefit of all the residents, an entire list of [rules and regulations](#) is available and enforced.

<b>Client Intake Application</b>		
Name:		Date:
Current address:		
City:	State:	ZIP Code:
Phone:	Date of Birth:	
Place of Birth City:		State:
Height/Weight:	Race:	Hair Color:
Tattoos: Yes ___ No ___ If yes, describe:		
Social Security Number: _____ <i>(Must have a social security card and valid picture ID)</i>		
Driver's License Number:	Expiration Date:	State:
Are you... Single ___ Married ___ Divorced ___		
<b>Education and Financial Background</b>		
Last grade completed in school		List job skills
Military service? Yes ___ No ___ If yes, what branch?		How long?
Are you in debt? Yes ___ No ___ If yes, how much?		
Are you currently paying restitution to the state? Yes ___ No ___		
Are you currently paying child support? Yes ___ No ___		
<b>Medical Information</b>		
Do you have any physical disabilities or defects? Yes ___ No ___ If yes, explain:		
How would you rate your health? Poor ___ Fair ___ Good ___		
Are you taking any prescription drugs or medication? Yes ___ No ___ If yes, please list: _____ For what purpose?		
What drugs are you taking that are non-prescription?		
Are you currently under the care of a physician? Yes ___ No ___ A Psychiatrist? Yes ___ No ___		
If yes, have you ever been diagnosed with a mental illness? Yes ___ No ___ If yes, what illness?		

Have you ever thought about suicide? Yes \_\_\_ No \_\_\_  
Have you ever attempted suicide? Yes \_\_\_ No \_\_\_  
Are you having suicidal thoughts at this time? Yes \_\_\_ No \_\_\_  
If yes, by what means did you try and how many times?

Have you ever tested positive for Syphilis? Yes \_\_\_ No \_\_\_  
Gonorrhea? Yes \_\_\_ No \_\_\_ Chlamydia? Yes \_\_\_ No \_\_\_  
Have you ever been tested for Hepatitis A, B, or C? Yes \_\_\_ No \_\_\_  
Are you Hepatitis A, B, or C positive? Yes \_\_\_ No \_\_\_  
Have you ever been tested for AIDS? Yes \_\_\_ No \_\_\_  
Are you HIV positive? Yes \_\_\_ No \_\_\_

### Legal History

Do you have any warrants for your arrest? Yes \_\_\_ No \_\_\_  
Have you ever been arrested? Yes \_\_\_ No \_\_\_ How many times? \_\_\_\_\_  
Please list dates and reasons (be specific)

Have you ever spent time in prison? Yes \_\_\_ No \_\_\_  
How long? \_\_\_\_\_ Where? \_\_\_\_\_  
Are you on probation or parole? Yes \_\_\_ No \_\_\_  
If yes, Agents Name: \_\_\_\_\_ County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Have you ever assaulted anyone? Yes \_\_\_ No \_\_\_  
If yes, were you under the influence of drugs or alcohol? Yes \_\_\_ No \_\_\_

Have you ever committed the act of murder? Yes \_\_\_ No \_\_\_

Have you ever molested a child? Yes \_\_\_ No \_\_\_ If yes, male or female (circle one)  
How old was the child? \_\_\_\_\_ How old were you? \_\_\_\_\_ How many times? \_\_\_\_\_

Have you ever raped anyone? Yes \_\_\_ No \_\_\_

Is anger a problem with you? Yes \_\_\_ No \_\_\_

Are you a drug addict? Yes \_\_\_ No \_\_\_ What is your drug of choice?

Are you an alcoholic? Yes \_\_\_ No \_\_\_ Do you smoke? Yes \_\_\_ No \_\_\_

Do you consider yourself addicted or attracted to pornography? Yes \_\_\_ No \_\_\_

### Religious Background

Do you attend church? Yes \_\_\_ No \_\_\_ What is your religion?

Do you pray? Yes \_\_\_ No \_\_\_ If yes, how often?

Do you believe in God? Yes \_\_\_ No \_\_\_  
Do you read the Bible? Yes \_\_\_ No \_\_\_ If yes, how often?

Who do you say Jesus is?

Are you born again? Yes \_\_\_ No \_\_\_  
How long have you been a Christian?

Have you been baptized in water? Yes____ No____ When?		
Have you been baptized in the Holy Spirit? Yes____ No____ Uncertain____		
Explain why you want to be admitted to Recovery & Resurrection Ministry:		
<b>Contact Information</b>		
Contact Person:		Phone:
Father's name:	Address:	Phone:
Mother's name:	Address:	Phone:
Wife's name:	Address:	Phone:
Children's names:		
Who has custody of the children?		
Siblings names:		
Name:	M F Age:	Name: M F Age:
Name:	M F Age:	Name: M F Age:
<b>ACKNOWLEDGEMENTS</b>		
Do you understand and accept that we use only the Word of God for all teaching, counseling, and instructing? Yes____ No____		
Do you understand and accept that this program is Christian based? Yes____ No____		
Is all the information that you gave true to the best of your knowledge? Yes____ No____		
The Bible says that you shall know the truth, and the truth shall set you free and you will be free indeed. Are you ready to be set free? Yes____ No____		
<b>SIGNATURES</b>		
<i>I hereby submit that all the information provided is truthful and accurate to the best of my knowledge. I understand that I must be faithful in all that is required of me in order to maintain my residency. I agree to abide by all the rules of the Recovery &amp; Resurrection Ministry.</i>		
Signature of applicant:		Date:
Signature of director:		Date:

# The Resurrection House Expectations

## My Room

- My bed must be made neatly with blanket daily. There must be no wrinkles.
- Nothing should be visible under my bed except for assigned storage container. Shoes will be neatly placed under the bed or in the closet.
- Closet doors must be closed at all times.
- My room door must be opened all the way when I am not in it.
- I am allowed family pictures, one bible, and one clock on the dresser. Nothing else except a lamp should be on the dresser.
- I will hang my towel, washcloths in the assigned area.
- All my personal items must be put away when I am not in the room. Either under the bed or in the closet.
- I cannot have food, candy, or soda in my room. Bottled water or individual flavored packs are an exception.
- All lights must be turned off when I leave my room.

\_\_\_\_\_ **I have read and agree to all statements above**

## My Appearance

- I will maintain a well-groomed appearance along with showering daily.
- I must wear shorts or pants from wake-up until dinner is finished except during work detail. This includes meals on weekends.
- I must always wear socks or flip flops except in my room or when I shower.
- I may never wear a hat during praying, chapel, or dinner.

\_\_\_\_\_ **I have read and agree to all statements above**

## My Conduct during Meal Time

- I will eat in designated areas only.
- I will give God honor at every meal.
- I will be responsible for my own dishes after every meal. I will wash, dry and put away my own dishes.
- I must dump any excess from my dishes into the garbage.
- If I spill or drop something I will clean it up immediately.

\_\_\_\_\_ **I have read and agree to all statements above**

## My General Conduct

- I may only enter another resident's room when invited.
- Curfew is at 11:00pm.
- I will be accountable to my whereabouts at all times.
- I will not tell war stories. This means boasting about my lifestyle. I will not glorify my past sinful life. Only share with others where I am going.
- I may not go into the staff/guest bedroom at any time.



- I must be out of my bed by 8:00am.
- I am responsible for finding a mentor and meeting with that mentor weekly.
- I will provide the Ministry Supervisor with their name and contact information.
- I give permission for the mentor to be in contact with the Ministry Supervisor.
- I will be respectful with my cellphone during meeting sessions or church services.
- I will take responsibility for my own sobriety.

\_\_\_\_\_ **I have read and agree to all statements above**

\_\_\_\_\_  
**Signature of program participant**

\_\_\_\_\_  
**Date**