

Application For Membership in Hope House

To be accepted into Hope House an applicant must complete both sides of this application and be interviewed by members of the Hope House Board. Carefully read the application and honestly answer the questions. Living in the Hope House is special- its value can help you achieve a comfortable lifestyle.

Print Name (Last, First, Middle)	Date of Birth			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Month</td> <td style="width: 33%; border: none;">Day</td> <td style="width: 33%; border: none;">Year</td> </tr> </table>	Month	Day	Year
Month	Day	Year		
Present Address	Phone where you can be reached			

Are you a Convicted Felon? _____ Yes _____ No If yes, Please Explain

Are you employed? _____ Yes _____ No If yes-who is your employer?

If you do not have a job- will you get one? _____ Yes _____ No If yes- what job plans do you have?

Are you getting any public assistance? _____ Yes _____ No If yes- list all below.

What is your monthly income right now?

\$ _____

Marital Status

Married _____ Never Married _____ Separated _____ Divorced _____ Widowed _____

Do you have a medical doctor? Yes _____ No _____ If yes- list the doctor's name and phone number

Do you take prescription drugs? _____ Yes _____ No _____ If yes- list drugs and reason drug has been prescribed.

Please complete page two of this application _____

Date of move in? _____ immediately _____ other If other- list the date you would want to move in. If accepted, the date is in the future rather than immediately. Date _____ Reason:

Emergency Telephone Numbers. List two family members or friends

Name and Address

Relationship

Telephone

1. _____

2. _____

Use this space for additional relevant information:

I have read, agree and affirm that all of my statements and information are true and complete. I acknowledge that false, undisclosed, incomplete or misleading information herein may constitute grounds for rejection of this application, or termination of occupancy. I authorize you to obtain consumer reports, which may include credit or criminal background information about me in order to verify the information I have provided.

Signature _____ Date _____

Name Date

Newcomer Packet

Fill out forms and turn in at next house meeting.

Hope House Expectations

The Three "R"s of Hope House Living
Presented to

Welcome to Hope House

You have been accepted into Hope House. We would like to welcome you!

Hope House combines Recovery, Responsibility, and Replication to enable each of our members to live free of the disasters of drug and/or alcohol addiction. How you use I will make a difference in your own recovery and the stability of the house.

The simple key factors of the Hope House concepts and charter requirements that can ensure your success are:

1. Pay your share of expenses on time.
2. Do not use drugs or alcohol in or out of the house.
3. Share in democratic procedures of the house.

Each house is guided by the simple guidelines of our manual and traditions and the house set of rules, guidelines or house expectations. You are expected to read these and familiarize yourself with them. If you have any questions a house member will explain them.

RECOVERY

Each member is responsible for his own plan of recovery. For example, completing your treatment plan (if applicable), participating in, a 12 Step program or related recovery program, and using an outside sponsor or your housemates to help you. Healthy recovery is about change. This means making an effort to change your old behaviors.

RESPONSIBILITY

Each house holds weekly meetings. As a member you will participate in these meetings, have full voting rights and may even be elected by the other members to hold an office. Your house will help you learn the procedures of their Hope House meetings.

You will be expected to pay your share of expenses on time, to complete your assigned chores, to follow your plan of recovery and to abide by the house

rules. You may be asked to fill out some forms. Please do so as soon as possible. As you grow in your recovery and comfort level in the house you can help other new members. Your growth will be enhanced by your willingness to participate.

REPLICATION

As you grow in your Hope House experience, you may be asked to share your experience at treatment centers and other agencies. You may have the opportunity to assist in the opening of a new house. This has many aspects to it, such as recruiting new members, sending out fliers, finding household donations and teaching the new house how Hope House functions.

We are happy you have been chosen to be a member of our house and share in all of our recoveries.

Your success depends on your honesty, open mindedness, and willingness to change, and share your recovery.

HOPE HOUSE
Resident Contract

I, _____, as a member of Hope House located at 214 Orange Street, Oxford, NC, agree to abide by the rules and guidelines of the house.

_____ I understand that if I am found to be using alcohol and/or drugs, my continued stay will be evaluated based on my honesty, compliance, engagement, and willingness to participate in treatment.

_____ I understand that if I am found to be in violation of house rules, including but not limited to non-payment of shared expenses or disruptive behavior, that my continued stay will be evaluated on a case-by-case basis with the understanding that the house reserves the right to terminate my lease immediately.

_____ I understand that if I am placed on a contract for any reason (i.e., rent, curfew, behavior) and found to be in violation of that contract, that the house reserves the right to terminate my lease immediately.

Signature of House Member

Date

Signature of Hope House Board Member

Date

Hope House Emergency Medical Information Release Form

This form is to be used for emergency medical use **only**:

Name: _____ Age: _____

Date of Birth: _____ Blood Type: _____

Primary Physician: _____ Phone # _____

Hospital or Clinic: _____

Insurance: _____

Allergies: _____

Medications: _____

Medical History: {any condition for which medication is taken or any life-threatening condition, i.e. Bipolar, High Blood Pressure, Epilepsy, Diabetes, Asthma}

In Case of Medical Emergency Contact:

1. Name _____ Phone: _____

2. Name _____ Phone: _____

3. Name _____ Phone: _____

I hereby give my consent for emergency medical treatment:

Signature: _____ Dates: _____

RELAPSE CONTINGENCY PLAN

I understand that per Hope House charter, if I return to active drinking or drug use- I will be immediately expelled from this Hope House. If this should happen, I would like the following actions to be taken:

Places I can go-: (check all that apply)

___ Family __ Friend __ Detox/Treatment __ Hotel __ Other

Describe details: including names, phone numbers, and addresses:

People to notify:

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature_____Date_____

Hope House Expectations

This list consists of common sense, everyday guidelines that will help all of us to be aware of the need to respect each other. These expectations have been set in place to not only safeguard your Hope House but to safeguard its current members and all the future members to come.

1. Pay your share of expenses on time.
2. Rent is payable by cash or check. All rent is due on the 1st of the month and no later than the 5th.
3. **First 30 Days:** No overnights outside of the house, with the exception of Hope House functions.
4. All medicines are to be kept in a locked area and out of view of other House members. **Absolutely no sharing of prescribed meds.**
5. Devise and adhere to a recovery plan as necessary.
6. Respect your housemates' personal boundaries by treating them as you would like to be treated.
7. Do not use anyone's personal items without permission.
8. Mark **All** your food items with your initials. Taking someone's food **Without permission** constitutes **Theft**.
9. Bedroom areas are private and should be respected. They should be neat and clean at all times.
10. If you make a mess- **Clean It Up!** Including cleaning out the shower after use, bathroom sinks and counters free of hair and toothpaste splatter. Kitchen- wipe up any crumbs, spills, or grease splatters on stove and walls. Wash your dishes.

11. Do assigned chores completely and in a timely fashion. **Respect Others Chore Time.** (Do not start cooking while someone is cleaning the kitchen and try to vacate areas in which they are trying to clean out of respect for their chore time.)
12. Good personal hygiene is expected while living in this house, but please keep shower time to a minimum. Excessive use of hot water is prohibited.
13. Remove laundry as soon as it's completed. If you have to leave the house before it is done- ask another member to help you out by removing it when it's done. Clothes should be washed on the cold cycle.
14. If conflict arises, try to resolve it by **Appropriate Mutual Agreement.** Do not allow it to affect the entire household. If it is not possible to come to a mutually satisfactory resolution, both parties are responsible to go the House Leader to discuss the situation. All house members may be called together for an emergency meeting to find a solution to the problem.
15. Noise is to be kept at an acceptable level at all times. Head phones are recommended.
16. If anything gets broken, fix it, replace it, or if it needs the house attention, notify the House Leader.
17. We share equally in the responsibilities of this house for our benefit and personal growth.
18. Weekly house meetings are mandatory. House decisions are made at this time and you are responsible to be there. Excuses for work, hospital, or prearranged absences only are allowed. If you are going to be tardy- call before the meeting starts.
19. Lights, televisions, stereos, etc. should be turned off when not in use.
20. Thermostat shall be kept in a lockbox for heating and cooling.

21. Be courteous when other housemates have already started cooking be patient and wait your turn.
22. Interaction with each other is encouraged. Take time to share feelings, hobbies, hopes, and dreams with your Hope House family.
23. **Physical violence will not be tolerated. The parties involved will be disciplined up to and including expulsion from this house. An emergency meeting must be called to address the situation.**
24. A written one-month notice is required when relocating. If you do not give the house a month's notice, you might not be refunded.
25. **No firearms or ammunition in this house at any time!**
26. No visitors or pets.

I understand as a member of Hope House - I am required to read and familiarize myself with these house expectations and if I am unclear or do not understand any of them- I will ask for assistance.

Signature _____ Date _____

Hope House New Member Plan for Recovery

Name _____ Date _____

My plans for Follow Up in Recovery _____

If enrolled in an Aftercare Program, my plans for attendance _____

I do _____ ~~do~~ not _____ have a sponsor at this time. If you do not, how soon can you obtain a sponsor? _____

I plan to attend _____ AA/NA meetings per week.

I am using _____ book for my Daily Meditation.

I understand that if I drink or use in or out of this house, I will be expelled immediately.

Signature _____ Date _____