



Trinity Sober Living, LLC
19 N. Grant St (Office)
111 N. Grant St (Sober House)

Office Phone: (630)581-5680
Office Fax: (630)581-5679

michaelowens@trinitysoberliving.com

www.trinitysoberliving.com



APPLICATION

Date: _____

Name: _____ DOB: _____ Social Security #: _____

Current Address: _____

Phone Number: _____ Cell Phone Number: _____

Employer: _____ Address: _____ Phone Number: _____

Emergency Contact and Release of Information: (Full Name, City, State, Phone Number & Relation):

Current Treatment Center: _____ Address: _____

Phone: _____ Primary Counselor: _____ Contact Number: _____

Length of Stay at Treatment Facility: _____ Tentative Discharge Date: _____

Past Treatment Programs	City	State	Counselor	Entry/Exit Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever lived in a Half-way, ¾, or Sober House? Y OR N

Where? _____ When? _____

Substance(s) Used In Past: _____

Drug(s) of Choice: _____ Sobriety/Clean Date: _____

Which 12-step recovery program are you working, i.e. AA, NA? ____ What meetings do you attend: _____

Do you have a Sponsor (Y/N)? ____ If Yes, list your Sponsor's first name and last initial: _____

If no, why not? _____

What is your current source of income?: _____ Weekly/Monthly Income: \$ _____

Job Description: _____ How long there? _____

Employer: _____ Address: _____ Phone Number: _____

Do you have a child support obligation (Y/N)? ____ Amount per month? _____

Do you now, or have you ever been in a relationship with a current Company name program participant? Y / N _____

Who? _____

Pending legal matters (Please explain): _____

Have you ever been convicted of a felony (Y/N)? If "yes", please explain: _____

Are you required to register as a sex offender (Y/N)? ____ Have you been convicted of arson (Y/N)? _____

Do you have any other mental health diagnosis(Y/N)? ____ What is that diagnosis? _____

Have you ever experienced any suicidal ideations, attempts, or received in-patient treatment for self-harming behaviors?

(Y/N)? ____ When? _____

Current Medications and Dosage: _____

Are you participating in or about to enter a suboxone or another drug replacement program (Y/N)? _____

Please list program name and contact information: _____

How did you hear about us? _____

Why do you think you are a good fit for sober living? _____

I hereby authorize Trinity Sober Living staff to share or collect any desired information with my current treatment Center's staff for a period of 90 days from the date of this application. This information will be used to best determine if Trinity Sober Living is the appropriate aftercare placement and to discuss any barriers to your long-term recovery Efforts. Int. _____

Applicant's Name

Applicant's Signature

Date

House Manager's Signature

Date



PROGRAM AGREEMENT

Trinity Sober Living, LLC and _____ (program participant's name) agree to the following program terms:

1. *The program fee is \$1,850.00 per month. A minimum six-month commitment is required.*
2. *The program fee includes room and utilities only.*
3. *An initial payment of \$3,700.00 is required to move in, this will include the first two months of program fees. Payment can be made with cash, credit card, money order, or personal check will be accepted.*
4. *Management requires 30 days' notice when program participant is leaving on good terms.*
5. *There will be **no refunds for dismissal**, leaving before 6-month commitment is up, theft of property by a program participant or physical force against another person living in the house.*
6. *Failure to follow any house rules may result in immediate termination from the program, and there will be no refund of program fees paid.*
7. *The program fee is due on the 1st of each month.*
8. *There will be a \$25.00 charge for any checks returned for insufficient funds and the individual will no longer be allowed to submit personal checks.*
9. Program participants are responsible for their own food, personal hygiene products, and telephone.

I understand and agree to the above terms.

Applicant's Name

Applicant's Signature

Date

Manager's Signature

Date

Revised (1/19)



PROGRAM GUIDELINES

1. *I agree not to consume Alcohol and/or Drugs while residing at this property. If I am taking prescription medications (non-narcotic only) that are prescribed by a doctor, I will provide that information at the time of initial intake and discuss further use with management.*

If I am prescribed prescription medications (non-narcotic only) by a doctor during my stay at this residence, I will contact the house manager immediately to discuss this. I will also discuss any over the counter medications with management PRIOR to taking them. I further understand that it is my responsibility to avoid ingesting anything (including food), that may cause a false positive reading during drug screens. I understand that if staff believes that I am under the influence, I am subject to discharge even if a drug screen produces negative results.

2. *I agree to take random screens for drug and alcohol use administered by management upon request.*

If the test has a positive reading the program participant will be asked to leave the house immediately. If a program participant is unable to produce a urine sample within 1 hour of the request of the house manager, the drug screen will be considered positive. If for some reason the test is inconclusive, or the manager is uncertain about the results, the program participant will be asked to have a drug screen performed at an independent laboratory at the discretion of the manager. If that test has a positive reading, the program participant will be asked to leave the house immediately.

3. *I agree not to steal others' property while I am a program participant of the house. This includes personal property and food belonging to the agency or any other program participants of the house.*
4. *I agree not to use physical force against anyone in the house while a program participant of the house. This includes threatening and/or verbal harassment of other program participants or management.*
5. *I agree to pay my program fees on time and in full each month on the 1st.*
6. *I agree within the first 30 days to actively seek and obtain full time employment. Employment hours may be substituted with volunteer hours, classes and outpatient treatment if approved by the house manager. The hours of employment must fall in between the curfew for that particular day.*
7. *I agree to follow the curfew, which is **10 PM Sunday through Thursday and 11 PM Friday and Saturday**. In the event I am unable to make curfew I will contact the house manager to discuss this prior to the curfew.*
8. *I agree to attend minimum of five Alcoholic Anonymous and/or Narcotics Anonymous meetings per week if I have less than one year in recovery and a minimum of four meetings per week if I have over one year in recovery. **The house meeting on Wednesday at 6:00 PM and Sunday at 9:00 PM is mandatory. The time of this meeting is subject to change, to be determined by house management.***
9. *I agree to find an AA or NA sponsor and start step work within the first 30 days. I agree to continue doing step work during my entire stay at our facility.*
10. *I understand that overnight stays away from the house are a privilege and must be cleared with the house manager 5 days prior to the date requested. Failure to be in the house after curfew will be viewed as a relapse, and the program participant will be discharged.*

11. *I agree to show financial responsibility if I bring a motor vehicle on the property, I will provide a valid driver's license, valid registration, and proof of insurance coverage. Parking privileges will not be provided by facility. I understand that it will be my responsibility to obtain and pay for parking spaces off facility property. **To be determined by house management.***
12. *I agree to keep my room clean and orderly at all times, make my bed every morning, as well as maintain the cleanliness of the common areas.*
13. *I agree to do the weekly chore that is outlined by the Chore Coordinator when assigned and to participate in any special projects that are requested by the manager of the house. **I understand that chores are to be done heavily on Wednesday and Sunday by 6 PM, I agree to check them daily, and clean as necessary.***
14. *This residence is smoke-free. There is no smoking inside the house at any time. Smoking in the house will result in immediate dismissal. Smoking is allowed outside only. Cigarette butts must be disposed of properly.*
15. *No overnight guests will be allowed, including family members. Any guests will be limited to the common areas of the house and must have at least 60 days clean and sober. No non-program participants are permitted off the 1st floor of the facility(s). Program participants should bring the presence of questionable guests to the house manager's attention immediately.*
16. *I will not engage in an intimate relationship with any other program participant of a Company name facility.*
17. *I agree to commit to a minimum of a 6 month stay. If I leave early, I forfeit my security deposit.*
18. *I agree to retrieve my belongings and personal effects no later than 72 hours after leaving the residence. I understand that if I do not, they will be donated to charity.*
19. *I agree to inform the house manager if I know that another program participant has relapsed. Failure to do so will result in my dismissal.*
20. *Quiet hours are from 10pm to 9am. Program participants must be out of bed by 10am.*
21. *Do not go into any other program participants' rooms when they are not present. In case of an emergency, two people must be present, and the house manager must be notified.*
22. *We do not accept program participants on narcotic based drug replacement and reserve the right to dictate other psychotropic medications that will be permitted while in our program.*

I have read and fully understand the guidelines for residency, I understand they are subject to change at any given time, as management requires.

Applicant's Name

Applicant's Signature

Date

Manager's Signature

Date