



# CRITERIA FOR RESIDENCY

1. Sexual or violent offenders will not be accepted into Roadways to Recovery.
2. Beds will not be held without an accepted deposit and weekly payment for the bed.
3. Applicants must take a Urinalysis on the day of arrival.
4. If the applicant is participating in Medicated Assisted Treatment (MAT) for substance use disorder, compliance with MAT program requirements in full will be required as a condition of residency. The Failure to follow MAT program guidelines will constitute a violation of guest agreement requirements for roadways to recovery. **The release must be signed for the Roadways to recovery to communicate with your provider.**
5. Applicants with a prior diagnosis of psychosis are not eligible.

## CONTRACT OF RESIDENCY

**Roadways to Recovery** is a Sober living house for individuals who are recovering from alcoholism or substance use disorder. Residents are subject to substance testing at any time while living at **Roadways to recovery**. **THE USE, AND/OR POSSESSION OF DRUGS AND/OR ALCOHOL IS GROUNDS FOR IMMEDIATE EXPULSION.**

All policies and procedures outlined within this contract and any applicable subsequent amendments are in full force and effect during the guest's entire stay at **Roadways to Recovery** unless specifically defined within a subsection of this contract. Violation of any policy or procedure outlined within this contract and any applicable subsequent amendments will result in disciplinary actions including, but not limited to, fines, fees, House probation/restriction, and possible expulsion. **If a prospective resident lies on this application they will be asked to leave immediately. All rents paid and deposits will not be refunded.**

1. Complete an Intake Form and Consent Form.
2. Read and sign the House Rules Form.
3. Read and sign House Contract.
4. Pay a total of **\$600.00** calculated as follows: **What are our fees?**
  - i. **\$450.00 Intake Fee;**
  - ii. **\$150.00 in Rent money for the first week of residency;**
5. The guest will be given a drug and alcohol test upon admission.
6. No Pets on property

### II. During Residency

1. Visits with significant others are not permitted on the premises without special permission by the house manager and the request must be made at least 24 hour prior.
2. The houseguest may not have any overnight stays off-premises.
3. Curfew of 10 PM.
4. IOP is required for all guests, unless they just completed an IOP program.
5. Resident must attend at least six meetings per week (AA, NA, celebrate recovery, smart recovery etc..). Those that are in IOP can count those meetings.
6. Weekly attendance at in-house meetings count towards their 6 meeting total for the week.
7. Attendance at weekly house discussion meeting is required.

II. Expense Responsibility

1. Rent is \$150.00 per week due on Sunday.
2. Groceries are NOT supplied by the house.
3. Advance payments can be made for rent and/or other charges.
4. No checks.
5. Late fee is \$20.00 per week
6. If a resident falls behind 1 week 80% of their income will be required until caught up, including \$20.00 per week charged to your rent.
7. Curfew violation urine screens are \$20.00 each time charged to your rent.

IV. Employment Obligations

1. Resident's progress toward employment and recovery goals will be addressed at each house meeting & one on one meetings with the House Manager.

V. Immediate dismissal will occur for the following:

1. Disruptive behavior is grounds for immediate dismissal.
2. Disruptive behavior is defined as follows, but is not limited to:
  - i. \_\_\_\_\_ Violence or threats of physical violence.
  - ii. \_\_\_\_\_ Abusive verbal behavior.
  - iii. \_\_\_\_\_ Physical violence.
  - iv. \_\_\_\_\_ A "chronic" bad attitude
  - v. \_\_\_\_\_ Gambling. If it becomes problem.
  - vi. \_\_\_\_\_ Destruction of house property.
  - vii. \_\_\_\_\_ Loud music, television, radio or instrument.
  - viii. \_\_\_\_\_ Theft.
  - ix. \_\_\_\_\_ Arson
  - x. \_\_\_\_\_ Breaking confidentiality.
  - xi. \_\_\_\_\_ Abusive/loud arguments.
  - xii. \_\_\_\_\_ Violation of House policy and procedure.
  - xiii. \_\_\_\_\_ Use of drugs or alcohol on or off the property
  - xiv. \_\_\_\_\_ Possession and/or use of weapons.
  - xv. \_\_\_\_\_ Refusal to provide a urine sample and or alcohol test.
  - xvi. Not informing management when you know that a resident is using drugs or alcohol
  - xvii. \_\_\_\_\_ Not paying rent on time.
  - xviii. \_\_\_\_\_ Profanity

VI. Resident Responsibilities

1. Guests must respect the anonymity of all other guests. Resident and House business is confidential and must not be discussed outside of the house. Violation of this policy will be grounds for immediate expulsion.
2. Guests will be responsible for completing assigned chores. Chores will be assigned by the House Manager weekly.
3. Guests are expected to maintain a respectful noise level at all times while in the House
4. Guests must complete aftercare as required by the referring treatment center, counselor, or parole officer. Release of information (consent form) must be completed.
5. Rooms are subject to inspection at any time by House house management. Room should be kept neat and clean, and the beds should be made daily.
6. On Sunday, all House cleaning must be completed by no later than 8pm Sunday evening. House must be cleaned by all Residents and inspected by Management prior to anyone being able to leave the premises. Residents are expected to plan their time accordingly in order to complete their individually assigned chores.
7. Guests will be assigned a chore after your first week staying in the house. Chores MUST be done daily.

VII. Medicine

1. The resident must self-administer medication as prescribed by a physician.
2. Resident must not discontinue medication for any reason without a physician's order.
3. Medications must be taken as prescribed at all times.
4. Residents enrolled in a Medicated Assisted Treatment (MAT) program & must cooperate with that program in all regards in order to maintain good standing at Roadways to Recovery.. THE RESIDENT GIVES PERMISSION FOR REPRESENTATIVES FROM MAT TREATMENT AND HOUSE MANAGER TO CONFIRM FULL PROGRAM COOPERATION OR TO ALERT ONE ANOTHER WHEN PROGRAM GUIDELINES ARE BEING VIOLATED.
5. Medications with high potential for abuse may require a more secure storage arrangement. Such arrangements will be made at the discretion of RTR.

**VIII. Smoking**

1. Smoking is prohibited in the house. Violation of this policy will result in offending guest being placed on a minimum 2-week restriction and possible dismissal.
2. Smoking in designated areas only. Smoking on the front porch or anywhere in front of the house is prohibited.
3. Cigarette butts must be placed in the container designated for them.

**XIV. Termination of Residency**

1. Upon leaving, Resident's bedroom should be thoroughly cleaned.
2. Any Resident expelled for any reason will not be permitted to return to the premises. Guest may be required to go to a treatment facility in order to return.
3. Guests will not be permitted to return to the premises as a guest if they used any illegal drugs or alcohol or possession of illegal drugs and alcohol on premises or with another guest in the house.
4. Upon expulsion, personal belongings must be picked up within three days or the belongings become the property of RTR.

**THIS CONTRACT AND RULES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE, BY HOUSE MANAGEMENT AT ANY TIME.**

**YOU ARE NOT A TENANT UNDER INDIANA STATE LAW**

**YOU RECOGNIZE AND ADMIT THAT AS FAR AS OUR ABILITY TO REQUEST THAT YOU LEAVE THE HOUSE FOR ANY REASON WE DEEM NECESSARY TO MAINTAIN THE HOUSE ATMOSPHERE AS ONE CONDUCIVE TO SOBRIETY, THAT YOU ARE NOT LEGALLY A TENANT IN THE USUAL UNDERSTANDING OF LANDLORD-TENANT RELATIONSHIPS. This effectively means that you have no recourse under the law protecting your housing rights as they would normally apply to a traditional tenant under a typical lease agreement. You are giving house management total discretion to dictate whether you may continue to remain at the house or not, and for any reason management feels at their discretion that it is necessary for you to leave the house, you must obey their final decision on the matter. Any lawsuits or retaliatory legal efforts on your part will be deemed frivolous, and if a case ever makes it to court or arbitration, you will be responsible for the legal fees the house must pay to defend itself.**

**By signing, you signify that you have reviewed this entire packet of policies and rules with management, have been given ample opportunity to ask questions, and you understand and agree with the policies and all rules herein:**

**Signature:\_\_\_\_\_ Date\_\_\_\_\_**

**DL# \_\_\_\_\_ Management Signature:\_\_\_\_\_**

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

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY ("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in this Sober Living House I, for myself or personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand that I am living in a Sober Living House with other members who may be drug/alcohol addicts or convicted felons and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND THAT: LIVING IN A SOBER LIVING HOUSE ('ACTIVITY') INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in such Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Roadways to Recovery, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name of Member: \_\_\_\_\_

Phone: \_\_\_\_\_

Participant's Signature (only if age 18 or over):

X \_\_\_\_\_

Date: \_\_\_\_\_

# ROADWAYS TO RECOVERY

## PROGRAM DISMISSAL AND REMOVAL FROM THE PROPERTY ACKNOWLEDGEMENT

I ACCEPT THE TERMS OF MY PROGRAM AND WILL LEAVE FOR ANY REASON IMMEDIATELY AT ANY FACILITY OPERATED BY The Roadways to Recovery IF THE POLICE ARE CALLED OR THERE IS ANY INFRACTION OF THIS PROGRAM OR I AM ASKED I WILL DO SO. I DO UNDERSTAND THAT ENTRANCE INTO THIS VOLUNTARY PROGRAM IS A PRIVILEGE AND THIS IS NOT CONSIDERED A RESIDENCE BUT RATHER A PROGRAM. I AGREE TO ADHERE TO THE IMMEDIATE ACTION OF THE PROGRAM MANAGER(S) CONCERNING DISMISSAL.

**NOTICE: FAILURE TO COMPLY WITH THE TERMS OF THE PROGRAM DISMISSAL AND PERMANENT REMOVAL FROM THE PROPERTY COULD RESULT IN HARM OR DEATH TO YOURSELF OR OTHERS.**

Printed Name of Member: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Participant's Signature:

X \_\_\_\_\_

Date: \_\_\_\_\_

Roadways to Recovery  
502 4<sup>th</sup> Street  
Bedford, IN 47265

TO LAW ENFORCEMENT OFFICER OF INTEREST,

I agree that if asked to vacate the premises by management of Roadways to Recovery, I have a ONE (1) HOUR period to remove all personal items within the time allotted. If I refuse to vacate the premises or have not completely removed all items of concern within the allotted time prescribed, I have been informed / agreed that you may be called to the premises to assist in my dismissal. It is also my full understanding that I will be allowed to re-enter this property only upon authorization from appointed staff. I understand that I have 72 hours, three (3) days from the time of dismissal to remove my personal items from the property. If my items have not been removed, I understand that they will be donated at the staff's discretion.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# ROADWAYS TO RECOVERY: CONSENT TO SEARCH

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Witnessed by:

\_\_\_\_\_  
Management Team Signature

\_\_\_\_\_  
Management Team Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name