WEST VIRGINIA
SOBERLIVING

206 Spruce Street,
Morgantown, WV

Phone – 304.413.4300
Fax – 304.900.4057
Email – info@wvsls.com

Please check the box for the location of the home you are applying to; you may check multiple boxes.

☐ **Morgantown** ☐ **Charleston**

☐ **Women's** ☐ **Men's** ☐ **Women's and Children**

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 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 valid driver license or state ID (Y/N) _____Do you have a Social Security Card for employment (Y/N)_____

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

Do you now, or have you ever been, in a platonic or romantic relationship with a current West Virginia Sober Living program participant or staff member? 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? _____

Do you have physical limitations (Y/N)? _____Describe_____

_____

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

(Y/N)? _____ When? _____

Have you ever or recently experienced hallucinations (audio or visual) or any other thought disorder? (Y?N)? When?

Current Medications and Dosage: _____

_____

Are you participating in or about to enter a MOUD or another SUD 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? _____

_____ _____ _____

Applicant's Name Applicant's Signature Date

House Manager's Signature _____

Date_____

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PROGRAM AGREEMENT

West Virginia Sober Living and _____(program participant's name) agree to the following program terms:

1. *The program fee is $600.00 per month for the first 6 months of residency; the program fee thereafter is $400 per month for the remainder of this agreement.*

2. *The program fee includes room, house cleaning supplies, illicit drug and alcohol testing supplies, and utilities only.*

3. *An initial payment of $850.00 is required to move in, this will include the first month's program fee and security/sobriety deposit of $250.00 unless you qualify for the WV RHP program, where no initial payment or deposit will be required. Payment can be made with cash, money order, or card at a fee to you, no personal checks will be accepted. Deposits will be returned within 10 business days of program completion.* ***(Please see Refund Policy)***

4. *I agree to participate in data collection as a part of my stay.*

5. *Management requires one-month notice when program participant is leaving on good terms.*

6. *There will be* ***no refunds (including deposit) 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.*

7. *Failure to follow any house rules may result in disciplinary actions.*

8. *Termination of program participation will result no refund of program fees or deposits paid.*

9. *The program fee is due on the 1st day of every month. Individuals entering after the first of the month will have fees prorated at $20.00 per day for months with 30 days.*

10. *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.*

11. *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

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 apart from Medication Assisted Treatment) 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, apart from Medication Assisted Treatment) 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 dismissal even if a drug screen produces no illicit substance present. Individuals on Medication Assisted Treatment agree to have the levels of the medicine randomly checked to confirm compliance with their treatment regimen.

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

   If the test has a reading for illicit substance use, 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 urine drug screen/breathalyzer 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/breathalyzer performed at an independent laboratory at the discretion of the manager. If that test has a reading for illicit substances (excluding those participating in a Medication Assisted Treatment program producing licit use results), the program participant will be asked to leave the house immediately.

3. *I agree within the first 30 days to stay within the county in which I am in, outside the scope of an approved workplace and for employment purposes. I understand after the first 30 days I may be eligible for a one-night pass, also restricted inside the county in which I reside (**see pass form**).*

4. *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.*

5. *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.*

6. *I agree to pay my program fees on time and in full each month on the date or entry, each month.*

7. *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 day. Our program defines full time employment as 32 hours of productivity from activities listed above.*

8. *I agree to follow the curfew, which is **10 PM 6 AM Sunday through Thursday and 11 PM- 6 AM Friday and Saturday**. In the event, I am unable to make curfew or must leave earlier than 6 AM I will contact the house manager to discuss this prior to the curfew.*

9. *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 and record meeting attendance within the EHR platform. **The house meeting on Monday/Tuesday or Wednesday(depending on the home I am in) 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.***

10. *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 in our program.*

11. *I understand that overnight stays away from the program 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 dismissed.*

12. *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 of facility property or use on-street parking where available. **To be determined by house management.***

13. *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.*

14. *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.***

15. *This residence is smoke-free. There is no smoking or vaping inside the house at any time. Smoking in the house will result in immediate dismissal. Smoking is allowed outside only in designated areas. Cigarette butts must be disposed of properly.*

16. *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 of sobriety. No non-program participants are permitted off the 1st floor of the facility(s) without prior management approval. Program participants should bring the presence of questionable guests to the house manager's attention immediately.*

17. *I will not engage in an intimate relationship with any other program participant of a West Virginia Sober Living facility.*

18. *I agree to commit to a minimum of a 6 month stay if this my first attempt in the program and a year stay for any subsequent attempts. If I do not complete the program for any reason, I forfeit my security deposit.*

19. *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.*

20. *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.*

21. *Quiet hours are from 10pm to 9am. Program participants must be out of bed by 10am.*

22. *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. I understand that my living quarters are subject to random searches by house management, and I may request to be present during searches.*

I have read and fully understand the program guidelines, 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