

## **Contractual Agreement**

Evolution 2 Recovery is a sober living environment that provides housing and services for those recovering from alcohol and substance abuse. Residents are subject to randomly administered substance testing at any time during their stay at Evolution 2 Recovery. Violation of any policy or procedure outlined in this agreement will result in disciplinary action including, but not limited to house restriction (blackout) and possible termination.

### **THE USE AND/ OR POSSESSION OF ILLEGAL/UNAUTHORIZED DRUGS OR ALCOHOL IS GROUNDS FOR IMMEDIATE TERMINATION.**

#### **I. Upon Arrival**

- A. Resident will provide personal identification in the form of a valid government issued photo I.D. and Social Security card.
- B. Resident will commence a 30-day Probation Period
- C. Resident will read and sign all forms for initial intake
- D. Resident will be given a drug/alcohol test
- E. Resident will pay a **non-refundable fee** which will be applied to:
  - i. Intake processing fee
  - ii. House Dues (covers initial two weeks of membership)
  - iii. Grocery Fee (covers initial two weeks of membership)

*Please contact us for information on initial costs for entry*

#### **II. During Initial 30 Days of Membership**

- A. Resident will be actively seeking employment or perform volunteer work from 9:00 a.m. to 3:00 p.m. Monday- Friday until employed
- B. Curfew is 10:00 pm
- C. Resident must not have any overnight stays off premises
- D. Resident will sign in and out when leaving or arriving and may not leave the premises without approval from house manager
- E. Resident will select a Home Group
- F. Resident will select a Sponsor
- G. Resident will attend a minimum of one ( 1) 12-step meeting daily for the initial 90 days of Membership

#### **III. After Initial 30 Day Probationary Period**

- A. Resident is permitted 2 (two) overnight stays per week with approval from House Manager
- B. Overnight stays may not exceed 24 hours each
- C. Curfew is 11 :00pm during the week and 1 :00am on Friday and Saturday nights
- D. Resident must attend a minimum of five (5) meetings per week

**IV. Financial Responsibility**

- A. Resident agrees to pay rent on a weekly basis
- B. Rent will be paid directly to house manager each Friday
- C. Advanced payments may be made; these payments are non-refundable
- D. The house manager will establish a payment schedule should the resident fall behind on their financial responsibilities
- E. Resident may face termination from Evolution 2 Recovery if they fail to fulfill their financial responsibility

**V. Employment Obligations**

- A. Residents are expected to maintain employment at least 20 hours per week
- B. Residents who receive disability (or retirement payments) agree to volunteer a minimum of 25 hours per week or spend a similar amount of time attending school/vocational rehabilitation

**VI. Resident Responsibilities**

- A. Residents will respect the anonymity of other residents at Evolution 2 Recovery
- B. Resident will take responsibility for the completion of all aftercare as required by the referring treatment center, counselor, or probation officer/drug court
- C. Personal areas are subject to inspection at any time by management
- D. Rooms are to be kept neat and clean
- E. Beds are to be made upon waking
- F. Resident is responsible for completing assigned chores
- G. A thorough house cleaning will be completed twice a week
- H. Management will inspect resident's assigned chore
- I. Each chore assigned will be maintained daily by individual residents
- J. Attendance at the weekly house meeting is mandatory for all residents
- K. Resident agrees to maintain a healthy personal hygiene protocol
- L. If a resident suspects another member of using alcohol and/or illegal/unauthorized drugs they are responsible to report it immediately to management
- M. Resident is to have no participation or involvement in any illegal activities; this will result in IMMEDIATE TERMINATION

**VII. Medicine**

- A. Resident may not be prescribed narcotic medication
- B. Prescription medications will be properly labeled with resident name, current date, and stored in original container
- C. Resident will self-administer medication as directed or prescribed by physician
- D. Resident will not discontinue medication without a physician's order
- E. Medication will be stored out of plain view from other residents. .
- F. Resident is responsible for supplying a lock box for storing medications

**VIII. Visitors**

- A. All visitors will be pre-approved by house manager
- B. Visitors will have a minimum of thirty (30) days' continuous sobriety
- C. Visitors are allowed in the community area only
- D. Visitors are not permitted to enter any bedrooms
- E. Children will be supervised by resident throughout entire visitation

**IX. Overnight Stays**

- A. No overnight stays will be permitted during the initial thirty (30) days
- B. Financial obligations must be up-to-date and all other criteria met for a resident to be granted permission for an overnight stay
- C. Resident will request an overnight stay from management a minimum of twenty four (24) hours in advance
- D. Management will give verbal or written approval before resident may take an overnight stay
- E. Resident will submit to a drug/alcohol test upon returning from overnight stay

**X. Termination of Membership**

- A. *If a resident is terminated for a violation of contract or policy & procedure*
  - i. *Resident agrees to Vacate the premises immediately upon Management's request*
  - ii. *Resident will remove all personal belongings from Evolution 2 Recovery's property within seven (7) days of termination*
- B. Resident agrees to return any property belonging to Evolution 2 Recovery
- C. Prepaid monies **WILL NOT** be returned if resident is terminated (by either Management or the Member)  
\_\_\_\_\_ *(Initial to indicate understanding of non-refundable monies)*
- D. Resident agrees to pay any and all outstanding dues to Evolution 2 Recovery
- E. Resident's personal areas will be thoroughly cleaned and be undamaged

**ACKNOWLEDGEMENT:**

*My signature below signifies that I have read and understand the terms and conditions set forth in this contract. Furthermore, I agree to abide by tire terms set forth or face disciplinary action and/or termination of residency.*

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Resident Information Sheet

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

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact Information

Name/Relationship: \_\_\_\_\_

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

Name/Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

**Health Insurance Information**

Provider: \_\_\_\_\_

ID Number: \_\_\_\_\_

**Medication**

Please list all of your medications below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Date

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