



I was a stranger and you took Me in, I was in prison and you came to Me... Mt 25:35b – 36b NKJV

Introduction

Thank you for your interest in The House of Mercy Clean & Sober Program (CSP). This short introduction is to provide you with a glimpse as to what the House of Mercy CSP is all about. We guarantee life changing solutions for every kind of destructive behavior and addiction to those who apply the biblical remedies offered.

House of Mercy's sole purpose of the CSP is to benefit the participant and the community, by providing a safe, accountable, structured, clean and sober environment. Our CSP will help one to maintain a successful recovery from all types of addictions by providing support through our voluntary worship services, and fellowship. The CSP is faith based, and we encourage participation in AA, NA, and CA.

Our Clean & Sober residences are fully equipped with laundry facilities (no extra charge), shared kitchen, refrigerator/freezers, personal food storage area, and a common area for meetings and socializing. All bedrooms are shared. A twin sized bed, bedding and mattress, dresser, and a shared closet will be provided. Bathrooms are shared, consisting of a shower and or tub/sink/toilet, mirror.

Pickup upon release is available depending upon release location, please discuss this with your counselor prior to release. Program participants will be provided with transportation to meet initial DOC and State required registration, CCO check in, DSHS, SSI and Mental Health appointments.

Each residence has a House Leader who oversees the structure and conformity to the program stipulations.

Please pray first before applying, then if God puts it in your heart to apply, please do so, and we will review your application. We will respond to every completed application we receive.

Thank you again for your interest in House of Mercy's Clean & Sober Program.

God bless,

Robert Faulk
Senior Pastor

House of Mercy Clean & Sober Program Application

Check One: King Pierce Whatcom Spokane Yakima
 Men's Program Women's Program

Name: _____ DOC #: _____ SSN: _____

Birthday: _____ ERD: _____ Max Date: _____

Have you ever applied to HOM in the past? If yes, please indicate Month and Year _____

Institution Name: _____ Counselor: _____

Step 1. Pray before deciding whether to apply or not. If God places it on your heart to apply, then continue

Step 2. Please complete the application to the best of your abilities and be thorough and honest. Please note we are looking for an honest and complete disclosure of all criminal history. Your criminal history will not cause you to be denied, however withholding information will be grounds for denial of application.

Criminal History: Include Type of offense (Felony or Misdemeanor), Charge you were convicted of, Date of offense, Length of sentence.

Current Charges: _____

Previous Criminal History: _____

Sex offender level (If Applicable) _____ ISRB: Yes No (Circle One)

Security Threat Group Yes No If Yes Affiliation _____

Medical Conditions: Yes No If Yes, Describe

Mental Health Conditions: Yes No If Yes, Describe

Medication: _____

Reason for Medications: _____

Have you ever had a substance use disorder? Yes No If Yes, Describe

Prior substance use disorder treatment? Yes No If Yes, Dates and Locations

Please include your written testimony with this application.

Participant (Printed Name): _____

Participants Signature: _____

Date: _____

Clean & Sober Housing Program Stipulations Agreement

I, _____, hereby understand that House of Mercy is a faith based, clean and sober residence of the HOUSE OF MERCY church. Upon my acceptance into the Clean and Sober Program; I agree to comply with all of the following terms of participation; failure to do so could result in my immediate termination.

Please read and initial each of the following stipulations;

1. _____ I understand my participation is for a **minimum** of THREE MONTHS. (Long term residency is acceptable)
2. _____ I understand that if I am on the DOC Voucher program, once the vouchers expire, I will be required to move to a different house within the clean and sober program.
3. _____ I understand I may be moved to a different house within the clean and sober program at the discretion of Ministry Staff.
4. _____ I understand my clean and sober housing is contingent upon my active participation and compliance to all program stipulations contained herein and that Landlord/Tenant rights do not apply. I understand if I terminate or am terminated there will be no refund of Clean & Sober Housing Program Fees and I must leave the premises immediately upon request.
5. _____ I understand I may be terminated immediately for NON-PAYMENT AND/OR LATE PAYMENT OF PROGRAM FEES, INSUBORDINATION, A THREAT OF VIOLENCE, POSSESSION OF WEAPONS, PROPERTY ABUSE, LYING, STEALING, PORNOGRAPHY, OR BEING INVOLVED WITH ANY ILLEGAL ACTIVITY.
6. _____ I understand if I self-terminate or am terminated, I must take all my belongings with me. Anything left becomes the property of House of Mercy, and may be immediately disposed of, unless otherwise agreed upon -- in writing -- by leadership.
7. _____ **Under no circumstance are non-prescribed drugs, alcohol or THC to be on the premises, possessed or consumed.** The House Leader is to be informed of all prescribed drugs. Under no circumstances am I to give and/or share any prescribed drugs. Arrangements for possession and distribution are to be made with the House Leader.
8. _____ We do not accept anyone who is actively on opioid treatment i.e., MAT Program, Suboxone, Methadone, and Buprenorphine or any other similar narcotic-based drug.
9. _____ Applicants must have 30 days sobriety prior to acceptance.
10. _____ I understand that any overnight stay must be approved by my house leader. A minimum of 48 hours advanced notice is required.
11. _____ I understand there are to be no unapproved guests. I will seek approval from the House Leader prior to inviting guests onto the premises.
12. _____ I understand pets are not allowed; this includes service animals.
13. _____ I understand at all times I will consider the needs of others and strive to be a positive influence.
14. _____ I will maintain neat, sanitary living conditions. If there is more than one occupant, all must share equally in maintaining these conditions. Cleaning responsibilities are to be agreed upon by those occupying the same living area. If agreement is not reached or the premises is not maintained in a neat, sanitary condition, the House Leader will assign duties so sanitary living conditions are maintained.
15. _____ I agree to maintain healthy hygiene practices to include regular shower, shaving and dental hygiene.
16. _____ I understand initial curfew will be 8:00 PM upon arrival and will be changed to 11:00 PM if compliant within 7 to 10 days, unless adjusted by the resident house leader or ministry staff
17. _____ I agree to provide a daily agenda if requested by my house leader.
18. _____ I agree to participate in all required program meetings. Any request to miss a required meeting must be approved in advance, by the house leader.
19. _____ I grant permission for the Department of Corrections and/or any other program/treatment provider/employer to release any and all records, to be reviewed by the House of Mercy leadership; to include, but not limited to mental health/therapy reports, financial and employer performance reports.
20. _____ I authorize the ministry leadership to confer with my CCO, employer, and/or any other treatment provider(s).
21. _____ I agree not to hold House of Mercy responsible for any injury occurring on or off properties owned, maintained, used, or leased by House of Mercy.

22. _____ I understand that if I am an RSO that I will be required to install internet accountability software on all my internet capable devices. HOM has a group plan for a discounted rate of \$5.00 per month available.
23. _____ I understand that all internet capable devices are to be utilized only by the owner and that they are not to be sold, traded, borrowed, bartered, shared, loaned or accessed by any HOM participant other than the owner of the device.

Program Fee Schedule

<u>County</u>	<u>Monthly Program Fees</u>	<u>Required Deposit</u>
King/Pierce/Whatcom	\$600.00	\$1250.00
Spokane	\$450.00	\$ 950.00
Yakima	\$400.00	\$ 850.00

24. _____ I understand a two-month deposit plus a \$50 non-refundable administration fee is required upon acceptance to reserve bed space. If DOC denies the release address the total amount will be refunded. The first month's program fee is non-refundable if the bed is reserved and the applicant chooses to terminate this agreement for any reason. If you qualify for the DOC Housing Voucher, this does not apply.
25. _____ \$50 Administration fee due at expiration of Voucher Payments, applies to King/Pierce/Whatcom Counties only.
26. _____ All Program Fees are due on the 1st of each month for the current month. The House of Mercy Clean & Sober Program is dependent upon the payment of program fees by the participant; any delays or non-payment of fees poses substantial burden upon the program, therefore, past due accounts for non-payment may be asked to relinquish their place in the residence to make room for a new participant. **Any payment received after the 5th of the current month is past due** and a \$35 late fee may be assessed plus \$10 per day thereafter and/or your program residency may be terminated.
27. _____ I agree to give House of Mercy leadership a 30-day written notice of my intent to move prior to vacating. In the event that I move prior to the 30 days, or fail to give notice, I will be responsible for the current month's program fees, if not paid, and will forfeit any paid program fees.

ADDITIONAL STIPULATION[S]

- _____ I agree to abide by any additional stipulations as implemented by the ministry leadership

We will love, care for, and accept all individuals regardless of their sexual orientation and will encourage them to seek God. We will not endorse or promote any non-heterosexual relationships.

These guidelines have been read and/or explained to me. I have initialed each stipulation and have affixed my signature below. I understand that I am responsible for complying with these stipulations and any others that might be added while I am involved with the House of Mercy Clean and Sober Program.

_____	_____	_____
Participant: (Print Name)	Participant Signature	Date
_____	_____	_____
Ministry Staff: (Print Name)	Ministry Staff Signature	Date

Section to be completed by Ministry Staff Only

Interview Date: _____ Approved (Y/N): _____ Program Entry Date: _____

Release Address: _____

City: _____ State: _____ Zip: _____

Beneficiaries Consent for Testing of Alcohol and/or Drug Use

I, _____, do hereby consent to submit to urinalysis and/or Breathalyzer tests solely for the purpose of determining whether I am under the influence of illegal drugs and/or alcohol while on any properties used by and/or owned by the HOUSE OF MERCY.

I understand that the results of these tests will be reviewed and evaluated by staff of the Ministry. In the event that the results positively indicate that I am under the influence of alcohol or illegal drugs or that the sample was altered, I further understand that HOUSE OF MERCY may, at its sole discretion, terminate me from the Program. Finally, I understand that failure to submit to the above described testing upon request of HOUSE OF MERCY staff may also result in termination from the Program.

I, the undersigned, have read this Beneficiary's Consent for Testing of Alcohol and/or Drug use and understand its meaning.

Participant (Printed Name): _____

Participant Signature: _____ Date: _____