



Good Shepherd Recovery House
601 Moore Rd.
Jasper Ga. 30143
Phone 678-459-2346
Fax 888-826-6972

RESIDENT APPLICATION CHECKLIST:

- 1) Review, sign and initial **every page** of this application where applicable. Send back **every page**.
- 2) Make sure to sign the Background Check Authorization form – it is the first thing we must submit before proceeding with intake. You may not have any sexual charges or violent felony battery charges, or more than one (1) misdemeanor battery charge.
- 3) Submit a 3 – 5 page letter telling us about yourself, your history, and why you want to come to Good Shepherd Recovery House.
- 4) You must be interviewed by the Executive Director and/or Program Director in person, or by phone or video.
- 5) Submit a copy of your Driver's License or other Photo ID as proof of identification
- 6) Submit a copy of your Health Evaluation which includes **the following Department of Community Health required documents prior to intake:**
 - a. A Nurse Physical
 - b. TB Test Results
 - c. Syphilis Test Results

as well as **the following Department of Community Supervision required documents:**

- d. Results for OR Proof of having completed:
Blood work taken for all other STDs, HIV, and Hep A, B and C, AND
Proof that you have provided a Release of Confidential Medical Information to the medical office so that the results of your additional bloodwork will be sent to Good Shepherd Recovery House
- 7) \$35 Intake Fee for Background Check
- 8) \$500 Intake Fee for Transitional with Counseling / \$200 for Transitional ONLY
- 9) \$1000 1st Month Program Fees for Transitional with Counseling / \$600 for Transitional ONLY

If you have any questions, please feel free to call the Executive Director at 678-459-2347 or the Program Director at 678-459-2437, or email info@gsrecovery.org.

You can scan and email ALL PAGES of the documents to info@gsrecovery.org, or fax them to 888-826-6972.

Written Disclosure, Consent, and Authorization

HORIZON

I understand that **Good Shepherd Recovery House** will utilize the services of Horizon Background Screening, 12460 Crabapple Rd, Suite 202-271, Alpharetta, GA 30004-6386 (the "Agency"), to obtain a consumer report and/or investigative consumer report ("Report") as part of its review of my application for service as an employee, volunteer, or other association. I also understand that if accepted, to the extent permitted by law, the organization may obtain further Reports throughout my employment or volunteer service from a consumer reporting agency.

I understand the Agency's investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted.

I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summaries of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if the Employer makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify the Employer within five business days of my receipt of the Report that I am challenging the accuracy of such information with the Employer.

I hereby consent to this investigation and authorize the Company to procure a consumer report and investigative consumer report on my background as stated above from a consumer reporting agency and/or investigative consumer reporting agency.

Applicant Signature _____ **Today's Date** ____/____/____

Please write clearly in Black Ink only – Email to requests@horizonscreening.com

Name (Last) _____ (First) _____ (Middle) _____

List any other name used in the last 7 years _____

Date of birth ____/____/____ Social Security Number ____-____-____

Drivers License # _____ State ____ Phone # (Day) (____) ____-____

Professional License Held _____ State ____ Lic.# _____

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____ Dates ____/____to____/____

City _____ State _____ Zip _____ Dates ____/____to____/____

*****APPLICANT – DO NOT WRITE BELOW THIS LINE*****

Company Name: ____ Good Shepherd Recovery House ____ Contact: _____

These forms are provided to our clients as a courtesy, and all clients are encouraged to have all forms reviewed by legal counsel to ensure the use of compliant authorization forms. Horizon Background Screening bears no responsibility with regard to the use or non-use of these forms.

While the information contained in the reports we will provide have been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Horizon Background Screening and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Horizon Background Screening can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Horizon Background Screening its sources, officers, agents or employees. Furthermore you agree to indemnify Horizon Background Screening, its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, credit history and / or workers compensation claim history.

RETURN ALL PAGES OF THIS DOCUMENT



Good Shepherd Recovery House
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RPM Ministries, Inc is the ministry that Good Shepherd Recovery House (GSRH) is operating under. All information, rules and guidelines set forth in these documents are to be applied to and adhered to by Good Shepherd Recovery House, and any other ministry that may operate under the covering of RPM Ministries, Inc.

Transitional Housing Intake Application

NAME: _____ DATE: _____

RECENT ADDRESS: _____

DEMOGRAPHICS (optional – Circle One): American Indian, Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White.

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SS #: _____

HOME PHONE#: _____ CELL #: _____ WORK # _____

EMAIL ADDRESS: _____

NAME OF SPONSOR: (Family) _____ SPONSORS PH#: _____

ADDRESS OF SPONSOR: _____

RELATIONSHIP INFORMATION:

MARRIED / SINGLE / DIVORCED: _____ SPOUSE/EX-SPOUSE'S NAME: _____

HOW MANY YEARS MARRIED? _____ # OF CHILDREN: _____

CHILD #1) _____ Age _____ CHILD #2) _____ Age _____

CHILD #3) _____ Age _____ CHILD #4) _____ Age _____

OTHERS _____

IF NOT MARRIED, ARE YOU IN A SERIOUS RELATIONSHIP NOW? _____ HOW LONG? _____

IF YES, NAME OF PERSON: _____ PHONE # _____

IS THIS PERSON MARRIED TO SOMEONE ELSE AT THIS TIME? _____

DO YOU PAY CHILD SUPPORT? _____ AMOUNT? _____ HOW MUCH BEHIND? _____

DO YOU RECEIVE ANY TYPE OF SUPPLEMENTAL INCOME? (SSI, FOOD STAMPS, CHILD SUPPORT) _____

AMOUNT: \$ _____ MONTHLY _____ WEEKLY _____ OTHER _____

NAME OF MOTHER: _____ LIVING/DECEASED? _____

RELATIONSHIP WITH MOTHER: _____

ADDRESS: _____ PHONE #: _____

NAME OF FATHER: _____ LIVING/DECEASED? _____

RELATIONSHIP WITH FATHER: _____

ADDRESS: _____

PHONE #: _____

NAME & AGE OF SIBLINGS: _____, _____,

_____, _____, _____

RELATIONSHIP WITH SIBLINGS: _____

OTHER FAMILY MEMBERS YOU MAY BE CLOSE TO: _____

EMERGENCY CONTACT: NAME: _____ PHONE: _____ EMAIL: _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA? _____ COLLEGE DEGREES? _____

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ DL#: _____ DO YOU HAVE A VEHICLE? _____

ARE YOU ON MEDICATION? _____ IF YES, WHAT KIND: _____

ARE YOU WILLING TO STOP TAKING MEDICATIONS THAT ARE NOT ALLOWED IN THIS MINISTRY? _____

(BENZODIAZEPINES AND OTHER NARCOTIC MEDICATIONS ARE NOT ALLOWED IN THIS MINISTRY, AS WELL AS ANY MEDICATION DEEMED UNACCEPTABLE BY LEADERSHIP.)

WHAT IS YOUR GENERAL STATE OF HEALTH?: _____

LIST ALL MAJOR ILLNESSES OR OPERATIONS YOU HAVE HAD: _____

ARE YOU DISABLED IN ANY WAY? _____

DO YOU HAVE ANY MEDICAL CONDITIONS THAT MIGHT AFFECT YOU WHILE YOU ARE HERE? _____

DO YOU HAVE ANY SEXUALLY TRANSMITTED DISEASES?: _____

HAVE YOU HAD ANY IN THE PAST? _____ WHAT / WHEN? _____ CURED?: _____

LIST ALL CRIMINAL HISTORY/CHARGES: _____

HAVE YOU EVER BEEN CONVICTED OF SEXUAL OR MOLESTATION CHARGES? _____

WHEN: _____

HAVE YOU EVER BEEN INVOLVED IN A HOMOSEXUAL RELATIONSHIP? _____ PARTNER'S NAME _____

DO YOU HAVE ANY OUTSTANDING WARRANTS OR CHARGES AGAINST YOU NOW? _____

ARE YOU ON PROBATION? _____ COUNTY OF PROBATION: _____

NAME OF PROBATION OFFICER: _____ PHONE# _____

ARE YOU ON PAROLE? _____ LOCATION YOU WILL REPORT TO: _____

NAME OF PAROLE OFFICER: _____ PHONE# _____

HOW MUCH LONGER ON PROBATION/PAROLE? _____ FINES \$: _____ FEES \$: _____

WHAT IS YOUR REGULAR OCCUPATION OR VOCATION: _____

WHAT WORK SKILLS DO YOU HAVE: _____

HAVE YOU BEEN WORKING: _____ HOW MANY YEARS WITH COMPANY: _____

LAST TIME WORKED? _____

WHAT IS YOUR DRUG OF CHOICE: _____

LAST TIME USED or DRANK? _____ HOW LONG USING? _____

EVER BEEN TO DETOX UNIT: _____ HOW MANY TIMES? _____

EVER BEEN IN A PROGRAM BEFORE? _____

WHERE & WHEN: _____

WHAT COULD PULL YOU OUT OF THIS PROGRAM? _____

IF WE HAVE A BED, ARE YOU READY NOW? _____ WILL YOU WAIT FOR A BED? _____

HOW DO YOU FEEL AFTER THIS INTERVIEW?: _____

I UNDERSTAND THAT I AM UNDER YOUR CARE AND DIRECTION WHILE I AM IN THIS PROGRAM AND RESIDE AT THIS FACILITY. I AGREE AND WILL COMPLY BY ALL THE RULE AND REGULATIONS AS LISTED.

SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____

RE: GENERAL TRANSITIONAL PROGRAM GUIDELINES

1. Each Resident is expected to practice proper hygiene by taking a bath, brushing teeth, and wearing clean and acceptable clothing.. Appropriate and acceptable clothing is considered to be: Jeans, Khaki pants and Shirts that do not have any propaganda or logo's for any alcoholic or drug related items on them. You can wear t-shirts that have company logos as long as they are not vulgar and or drug or alcohol related. Staff will be the interpreter of the dress code rules.
2. **There is a non-nicotine program. No smoking, vaping, chewing. You can purchase patches to wean off nicotine.**
3. Proper clothing must be worn at all times when at the ministry. Shirts and shoes must be worn in all common areas and outside. If you come in dirty from work, please take a shower and put on clean clothes before sitting on any furniture. If your shoes are dirty, clean them outside and leave them on the back porch to dry.
4. Do not remove food, utensils, or any kitchen products from the dining area.
5. Do not store uncovered or unsealed food items in the bedrooms. Food must be in a sealed container.
6. Medications of any kind may only be used if approved by the Executive Director and/or Program Director. All medication is to be shown to the House Manager, Executive Director or Program Director and it will be determined at that time if staff needs to distribute medication to the individual. **NO NARCOTICS ALLOWED.**
7. Turn off all electrical units when not in rooms.
8. No one is allowed in any other resident's room. **VISITORS ARE NOT ALLOWED ANYWHERE BUT COMMON AREAS.**
9. Beds must be made and rooms must be straightened every day before you leave your room for the day.
10. Do not play audios or videos without headphones, unless you have the consent of those around you to play it out loud. However, if it can be heard outside of your room, it is considered to loud. Be considerate of your roommates.
11. Guests are not to be invited outside of visitation hours without proper authorization.
12. No TV's or radios, game cubes etc, are allowed in bedrooms unless approved by the Executive Director or Program Director. Your privileges can and will be taken away if used improperly. Videos that are not approved by leadership will be considered disobedience. If disobedience is found to be consistent, then common area privileges will be taken and this will affect everyone.
13. **NO PORNOGRAPHY OF ANY KIND.** Pornographic materials can and will get you dismissed from this facility.
14. Do not leave ministry grounds without permission. You must sign in and out every time you arrive and depart.
15. No construction, rearrangement, or building without proper authorization.
16. Weekly and weekend schedule will be followed. Weekend passes must be on the schedule and approved no later than Wednesday evening. **NO EXCEPTIONS TO THIS RULE!**
17. **Do not ask for special privileges. Learning to cope with adverse conditions and being sensitive to the needs of others are necessary attributes in overcoming addictions.**
18. Insubordination and/or disrespect toward anyone in the house, especially Staff and Leaders will not be tolerated at any time for any reason. This includes swearing at or around any staff member.
19. **NO DRUGS OR ALCOHOL ON PREMISES AT ANY TIME.**
20. **ABSOLUTELY NO FIGHTING.** Verbal threats and or Combative Stance are considered to be a form of violence and you can and will be dismissed from this facility because of a verbal and/or combative threat to staff, leadership, visitors or other members of the house. Abuse in any form is grounds for dismissal.

We are very serious about your recovery. We expect you to be as serious as we are.

You must read and sign all documents indicating that you understand and agree to all these rules and guidelines before entering this program.

I understand and agree with all the rules and guidelines set forth in these documents. I agree by my signature to follow and comply with all rules and regulations set forth and acknowledge that failure to follow these rules and regulations may be reason for disciplinary actions or dismissal from this ministry.

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____



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Let it be known to all that Good Shepherd Recovery House (GSRH), is not responsible for the physical and or mental condition of any clients that enter this facility. We do not have the medical facilities to attend to any physical and or mental health issues of the clients. We do administer medications that are legally prescribed to a client if those medications are taken orally and/or are not to be considered dangerous or unacceptable to this ministry. A person may be refused admission into this facility if his condition is considered beyond our abilities to meet the needs of the resident. A resident may also be terminated if it has been determined that he has falsified documents or made comments that negate his need for medications that are deemed dangerous or unacceptable to this facilities capabilities to administer.

This ministry does not in any way supply or pay for any medication in any form or fashion. Any resident that has medical needs or has needs for medications will be responsible for purchasing or making arrangements to receive those medications by methods other than this facility.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____



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Re: ACCEPTANCE AGREEMENT

I hereby assume any risks that may be incident to my stay here and do hereby for my heirs, executors, administrator, myself or any personal representative, release and relinquish forever any and all claims of any nature whatsoever that might arise out of my stay at GSRH. I assume responsibility for any medical treatment that may occur during my stay at GSRH.

I do hereby promise and agree that I will cooperate with the rules of Good Shepherd Recovery House, to the best of my ability and that I will carry out the work assigned to me in maintaining GSRH as my physical condition permits and to the best of my ability.

I have read and or have had read to me all the foregoing questions and/or statements and have made the answers thereto contained in this application and am fully aware of the meaning of same and I willingly and personally sign this application and contract fully knowing what I am doing.

I understand and agree that random drug and alcohol test are a part of this program and I will waive any rights that I may have and fully acknowledge and agree to a drug and/or alcohol test any time that I am asked to give one. If I refuse or fail to take a test when asked, I understand that I will be asked to leave this program.

I understand that GSRH does not accept anyone with sexual or violent offenses. I also understand that all candidates for residence must complete a background check, health screening, and phone interview before entering the ministry. **Health screening consists of HIV, STDs, TB, and Hepatitis A, B and C.** Background check and health screening can be mailed to the ministry before intake date, faxed to ministry at 888-826-6972 or brought with candidate to intake interview. Mailing Address: PO Box 328, Holly Springs, GA 30142 or E-Mail Address: info@gsrecovery.org

GSRH will not accept a candidate with the following: conviction/pending charge of a sexual nature, conviction/pending charge of an extremely violent nature, or anyone currently taking medications labeled as anti-psychotic or narcotics. Any positive screening for HIV, STDs, TB, Hepatitis A B C and other communicable diseases will be handled on a case by case basis, determined by the client being able to access medicines and maintain their medication regimen.

All residents will be placed on a thirty (30) day probationary period. A resident who fails to meet the standards set forth for in the ministry during the probationary period will be subject to immediate dismissal. At the end of the probationary period the resident's progress will be reviewed by the Executive Director and Program Director, at which time the applicant will be notified of full acceptance into the ministry, additional probationary period, or dismissal.

For Transitional Housing + Counseling Clients, Phase I residents must attend and participate in daily Bible Studies, devotions/prayer, curriculum, weekly church services, Celebrate Recovery, specific counseling and therapy treatment, and all other functions as agreed to in the customized Treatment Plan. The Director or Program Director will determine when a resident has completed the required recovery work and can begin outside work in Phase II (the goal is 2 months). **We do not provide jobs, but we work with each resident to locate one. Residents are responsible for arranging transportation to and from work.**

Phase II Residents are required to return to Good Shepherd every evening and attend required meetings and classes according to their Treatment Plan unless a unique work situation is approved by the Executive Director or Program Director.

All residents' mail will be opened and inspected before the resident is allowed to receive their mail. The resident has two options: 1) must agree to this and receive mail or 2) do not agree and the resident will not be allowed to receive any mail while in the ministry. This is to protect the ministry and the men from receiving items or mail that may be harmful to their progress.

Any personal property left upon my departure from said program and not claimed within three (3) days by me or my authorized representative shall become the property of the ministry to dispose of to the best interest of said ministry.

NOTE: NO PERSON OTHER THAN THE APPLICANT IS AUTHORIZED TO SIGN THIS APPLICATION/CONTRACT

Applicant: _____ Date: _____

Witness: _____ Date: _____

Date Entered Facility: _____ Date Left: _____

Remarks: _____



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FAMILY / SPONSOR AGREEMENT

The recovery of each Client is dependent upon many things. It is determined by their willingness to change, to allow God into their lives certainly, but it also determined by family/sponsor involvement. There must be family/sponsor involvement and agreement with the ministry rules and regulations for this ministry to be effective. The family/sponsor has to be willing to adhere to all the rules and regulations put in place by this ministry during the times that the man is in their care. This includes but is not limited to the weekend's home, special holiday times, transportation to and from Doctor's appointments and/or legal appointments, etc. Every family member and/or sponsor must sign this agreement in order to be allowed to visit his or her family member that is in the Good Shepherd Recovery House facility. The purpose for this agreement is to make all parties aware of the rules and regulations set forth by this ministry for each individual man involved. By signing this agreement you agree to hold your loved one accountable for his actions during the time that he is with you. This agreement is to help you, the family/sponsor, have a better understanding of this ministry and what we are trying to achieve. It is our belief and hope that by sharing with you the rules and regulations and by entering into an agreement with you, equipping you with the tools to hold your loved one accountable, that you will be able to concentrate more on the healing and restoration process that you and your loved one(s) deserves.

I agree to follow all the rules, regulations and guidelines set forth by GSRH. I agree that if my loved one(s) fails to adhere to any of these rules and guidelines that I will contact Staff and let them know immediately.

I agree to come to any meeting that is called by the Staff of GSRH and will be willing and able to discuss all issues that this ministry feels affects my loved one(s) or my family. I agree to remain open and honest in all situations, stating the facts, as I know them and listening to all sides of the situation. I promise to uphold this ministry at all times and defer back to Staff with any decisions that are made without their knowledge.

I understand that this agreement is made in an effort to keep all parties involved transparent before one another, to keep open the line of communication between family, sponsor, disciple and ministry staff, and to keep the focus of each individual on God and His will in our lives and not on each other.

I agree that I will uphold the decisions made by the Staff of Good Shepherd Recovery House (GSRH) in the area of discipline issued and given to my loved one(s). If we do not agree on the discipline set forth, I understand that I have the right to ask for a meeting with the Director(s) to discuss the situation. I understand that every opportunity will be given to me to state my concerns and opinions.

Signed: _____ Date: _____
Family / Sponsor

Signed: _____ Date: _____
Family / Sponsor

Signed: _____ Date: _____
Family / Sponsor

Signed: _____ Date: _____
Family / Sponsor

Witness: _____ Date: _____



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There are five areas of disobedience that cannot and will not be tolerated in this ministry. Each area is considered to be disruptive and unhealthy for the effectiveness of this ministry. Any Client that is found to be disobedient in any of these areas listed below can and will be asked to leave this facility.

1. **DRUGS:** Any Client found to have drugs on or in his possession will be asked to leave immediately. We have zero tolerance for drugs in this facility. If a Client fails a drug test he is considered to have drugs in his possession. If a Client brings drugs in and distributes them to others in the program, even if he has not ingested them, he can be dismissed from this program. In no way will drugs of any kind be tolerated. This includes prescription drugs. If a Client is using prescription drugs without knowledge of this ministry, he is considered to be disobedient and rebellious and can be dismissed from this program. If a Client's family or sponsor comes to this facility while under the influence of drugs or alcohol, they will be asked to leave and will be in jeopardy of losing visitation rights with their loved one for the term of his stay in this facility. If a Client's family member or sponsor brings drugs of any kind on premises, then that Client in the facility is in jeopardy of losing his position in this facility.
Police can be involved at any time in the disobedience of the Client or family visitation violation rules.
2. **ALCOHOL:** Any Client found to have alcohol, in any description, on or in his possession can be asked to leave immediately. We have zero tolerance for alcohol in this facility. If a Client fails an alcohol test he is considered to have alcohol in his possession. If a Client brings alcohol in and distributes it to others in the program, even if he has not ingested them, he can be dismissed from this program. In no way will alcohol of any kind be tolerated. This includes medicine, mouthwash and any other form of alcohol. If a Client has these items in his possession at any time he is considered to be disobedient and rebellious and can be dismissed from this program. If a Client's family or sponsor comes to this facility while intoxicated and or under the influence of alcohol, they will be asked to leave and will be in jeopardy of losing visitation rights with their loved one for the term of his stay in this facility. If a Client's family member or sponsor brings alcohol on premises then that Client in the facility is in jeopardy of losing his position in this facility.
3. **PORNOGRAPHY:** Pornography is one of the most detrimental of all addictions that we face in America. This ministry will not tolerate pornographic material of any kind to be brought on or in this facility. Any Client found to have pornographic materials in his possession can be asked to leave this facility. Any Client to have knowledge of pornographic material onsite and shares this information with another Client, even if he does not participate in looking at this material, will be considered to be jeopardizing the Spiritual health of another man, and can be asked to leave this facility. Any Client's family or sponsor that brings pornographic material into this facility will be jeopardizing their visitation rights with their loved one for the term of his stay in this facility; this includes any of the rules.
4. **VIOLENCE:** Violence of any kind will not be tolerated. Violence is not only physical contact. We consider violence to be a verbal threat, intimidation, and or threatening body language. Any Client that displays any or all of these characteristics can be asked to leave this facility.
5. **NICOTINE:** Use of any nicotine product (excluding patches) is prohibited while on the premises and or off premises while in the Good Shepherd Recovery House program. This means while at volunteer, outreaches, and other events such as church meetings and recovery functions at other facilities as visitors or guests. Do not enter the facility with the smell of smoke on your clothes, as this may trigger another resident.

Note: Any Client who is caught using or participating in any of the above 5 areas of Disobedience at the discretion of the Director and Board could be dismissed from Good Shepherd Recovery Program.

I agree, by my signature, to these rules and regulations set forth in this document.

Signature: _____ Date: _____



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Re: Items allowed for intake

The following items are total number allowed for each item, you do not have to have this many but not more than what is listed below.

10 outfits (which includes church and work clothes combined)

2 Pajamas

4 pairs of shoes

10 pair socks and under clothes

2 jackets

2 Pillows

Personal items

*Alarm Clock

*Razors

*Soap

*Shampoo and Conditioner

*Deodorant

*Toothpaste & Toothbrush

*Bible

Paper & Pen

Stamps & Envelopes

Christian music, magazines and books

Note: Certain type Razors have to be approved by staff

Residents are *NOT* to share or give their personal items to others for any reason. If emergency arises GSRH will meet those needs.

In His Great Love,

Pastor/Director Ronnie Haynes



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Re: Cost of this Ministry

The total cost of the GSRH program is determined by the payment option selected. Below are the current pricing schedule for our Transitional Housing program at GSRH.

- **\$35.00 up front payment** is required for a Background Check prior to approval for the Program.
- A Resident must provide one (1) full month's rent and his intake fee upon arrival.
- All monies are due in our office or deposited to our account **no later than** the last day of each month.
- There are no refunds or proration if the client leaves before the end of the month.
- If a Resident is late with their program fees, there will be a **\$30 late fee and \$10 per day charge**.
If a Resident pays their fees on the 5th of the month, they will owe \$600 for the monthly fee, \$30 for the late charge, and 5 days of late fees (\$50), totally \$680.00
- If a Resident is late more than 5 days, the Resident may be dismissed from the program.
- Transportation fees for individual appointments are listed in our Fees Page included in this application.

Transitional Housing + Counseling (for clients who have attended a recovery program in the past, but have relapsed; must provide proof of attendance at another recovery program - Treatment Plan, Assessments, Counseling Notes, etc.):

- **Phase I - \$1,500 - \$500 intake fee, with \$1000 per month for 2 months (60 days)**. This includes bed, food, assessments, treatment plan, counseling, classes, supplies, drug tests, and group transportation. Specialty foods must be paid for by the client. There will be an initial thirty (30) day blackout with no outside contact, with visitation starting in the 2nd month. No cell phone until Phase II.

Sample payment for a client who comes into Phase I after the first day of the month (example is July 12):

July 12 - Phase I client enters the Program and pays \$500 intake and \$1000 for his first month.

August 12 - Phase I client pays \$1000 for his second month.

September 12 - Phase II client pays a prorated amount for the rest of September
($\$800 / 30 \text{ days in September} = 26.67 \text{ per day} \times 20 \text{ days} = \533.40),

September 30 - Phase II client pays a full month of Program Fees (\$800), and pays on the last day of the month from thereon out.

- **Phase II - \$800 per month** throughout the remainder of the client's customized Treatment Plan paid no later than the last day of every month. Client can now go to work, but must return in the evenings according to the Program Schedule and attend counseling, classes and 12 Steps as determined by the Treatment Plan. Passes must be requested and approved by a Director. This portion of the plan does not include food, but the client can purchase their own food and store it in the Transition Kitchen. Client is randomly drug tested.
- **Phase III - \$600 per month** for a bed, no food or counseling included. Client can now go to work, but must return in the evenings according to the Program Schedule. Client must turn in requests for weekend passes so the Directors know who will be in the house over the weekend and when they will return. Client is randomly drug tested.

Phase III Client Requirements:

- 1) Household chores
- 2) Church attendance on Sundays
- 3) Attendance at Celebrate Recovery on Tuesday nights.
- 4) Attendance at Monday, Wednesday and Thursday night classes.
- 5) Attendance at Sunday evening house meeting

Transitional Housing ONLY (for clients who have attended a recovery program and have remained sober and need a safe program while they work, or are currently in another Drug and Alcohol Treatment and Education Program like Drug Court or an Intensive Outpatient Program):

- **Phase III** - \$200 Intake Fee, \$600 per month for a bed, no food or counseling included. Client can now go to work, but must return in the evenings according to the Program Schedule and attend mandatory classes and events. Client must turn in requests for weekend passes so the Directors know who will be in the house over the weekend and when they will return. Clients who are not being drug tested in another Program will be randomly drug tested.
- **If a Transitional House ONLY Resident starts his stay after the first of the month**, on the last day of the month, he will pay a prorated fee for his 2nd month stay. He will pay the full amount starting on the last day of the second month.

July 12 - Client arrives and pays \$200 intake fee and \$600 program fee for July 12 - August 11

July 31 - Client pays prorated rate for 2nd month (20 days from August 12 - August 31 = \$387.20)

$\$600 \div 31 = \19.36 ; $20 \text{ days} \times \$19.36 = \387.20

August 31 - Client pays full month fees (\$600) by the last day of the month from hereon out.

- **Phase III Client Requirements:**
 - 1) Household chores
 - 2) Church attendance on Sundays
 - 3) Attendance at Sunday evening house meeting

If a Client is NOT in Drug Court or an Intensive Outpatient Program, he must also:

- 3) Attend Celebrate Recovery on Tuesday nights.
- 4) Attend Monday, Wednesday and Thursday night classes.

If for any reason the client leaves (failed drug test, violence, of their own choice, of their family's choice, etc.) there will be no refund on any monies paid to this Ministry and balance of tuition becomes due immediately.

Sponsor _____ Date _____

Client _____ Date _____

Staff Member _____ Date _____

Date Approved _____ by: Pastor/ Staff _____

** For Intake we need:

1. 3-5 page letter of request to enter facility.
2. Phone interview completed
3. Personal interview with Staff at our facility.
4. This financial form satisfied (entrance fee paid)
5. Copy of rules and regulations signed.



Good Shepherd Recovery House
601 Moore Rd.
Jasper Ga. 30143
678-459-2346

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize
(Name of patient)

Good Shepherd Recovery House to disclose to, State, Federal, or local probation and parole officers or court officials and verified family members the following information: Program attendance and participation information.

The purpose of the disclosure authorized in this consent is to: Document your progress in program attendance and participation.

I understand that my alcohol and/or drug treatment records are protected under The federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. The only limits to this confidentiality are as follows, at which time we may release pertinent information:

- You threaten to harm yourself
- You threaten to harm someone else
- We receive a subpoena by the court to testify
- You commit or threaten a crime on the program's premises or against program staff
- You reveal reasons for us to suspect child abuse or neglect
- In cases of medical emergency

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: 90 days after completion or exiting program.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law.

I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Dated: _____

Signature of client

Signature of witness

Print name of client

Print name and title of witness



Good Shepherd Recovery House
601 Moore Rd.
Jasper Ga. 30143
678-459-2346

Good Shepherd Recovery House

CONSENT FOR THE RELEASE OF MEDICAL INFORMATION

I, _____ authorize
(Name of patient)

Good Shepherd Recovery House to acquire all medical records.

The purpose of the authorization in this consent is to: Document your progress in program attendance and participation.

I understand that my medical records gained will be used to best set my program structure. The two teams will work together for my best interest in my recovery.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: 90 days after completion or exiting program.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law.

I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Dated: _____

Signature of client

Signature of witness

Print name of client

Print name and title of witness



Good Shepherd Recovery House
601 Moore Rd.
Jasper Ga. 30143
678-459-2346

Re: Good Shepherd Recovery House Confidentiality Agreement

It is understood and agreed to that GSRH herein identified disclosure of confidential information may provide certain information that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary for GSRH to do the work of the ministry, it is agreed that:

1. The Confidential Information to be disclosed can be described as and includes: Financial records or recordings of financial records, client or donor lists, the confidential disclosures of clients in groups, teachings, church, or any other declaration by a client about their person, the legal standing of a client, the information given by ministry leaders in staff meetings, email, or in verbal discourse, regardless of whether such information is designated as "Confidential Information" at the time of its disclosure. At no time shall any person associated with GSRH as a volunteer or employee discuss any GSRH information with someone who is not a volunteer or employee at any time unless legally compelled to do so.
2. The Recipient agrees not to disclose the confidential information obtained from GSRH to anyone unless required to do so by law.
3. This Agreement states the entire agreement between the parties concerning the disclosure of Confidential Information. Any addition or modification to this Agreement must be made in writing and signed by the parties.
4. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

WHEREFORE, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

Recipient of Confidential Information:

Name _____ Signature: _____ Date: _____

Staff _____ Signature: _____ Date: _____
(Witness)



Good Shepherd Recovery House
601 Moore Rd.
Jasper Ga. 30143
678-459-2346

Approved Contact List

Please fill out the information below giving names, addresses, and phone numbers of family members & sponsors that you would like to have contact with while you are in the program. The staff will look over it and let you know who is approved.

Family Name/Relationship	Address	Phone 1	Phone 2

Sponsors	Address	Phone 1	Phone 2

Other	Address	Phone 1	Phone 2

Good Shepherd Recovery House Fee Schedule Updated 8/8/20

\$1,000	Transitional Housing + Counseling Phase I (monthly)
\$800	Transitional Housing + Counseling Phase II (monthly)
\$600	Transitional Housing Phase III (monthly)
	Intake Fees: \$500 Phase I / \$200 Phase III
\$8.00	Drug Tests (if more than 1 drug test per month). If Leadership suspects drug use and test is clean, GSRH will pay for drug test.
\$7.00	Individual Transportation to Jasper
\$9.00	Individual Transportation to Canton, Ellijay
\$10.00	Individual Transportation to Woodstock, Talking Rock
\$0.50/mi	Individual Transportation to any other location
Value	Replacement value of any item broken by resident.

I understand and agree to the above-mentioned fees:

Name

Date

CLIENT RIGHTS

All clients enjoy the rights and responsibilities listed herein.

1. Such policies and procedures shall include a written notice of rights and responsibilities which shall be provided to each client and parent, guardian, or responsible party, if applicable, when the client receives orientation. The required notice shall contain the following items:
2. Right to a humane treatment or habilitation environment that affords reasonable protection from harm, exploitation, and coercion;
3. Right to be free from physical and verbal abuse;
4. Right to be free from the use of physical restraints and seclusion unless it is determined that there are no less restrictive methods of controlling behavior to reasonably insure the safety of the client and other persons;
5. Right to be informed about plan of treatment and to participate in the planning, as able;
6. Right to be promptly and fully informed of any changes in the plan of treatment;
7. Right to accept or refuse treatment, unless it is determined through established authorized legal processes that the client is un-able to care for himself or is dangerous to himself;
8. Right to be fully informed of the charges for treatment;
9. Right to confidentiality of client records;
10. Right to have and retain personal property which does not jeopardize the safety of the client or other clients or staff and have such property treated with respect;
11. Right to converse privately, have convenient and reasonable access to the telephone and mails, and to see visitors, unless denial is necessary for treatment and the reasons are documented in the client's treatment plan;
12. Right to be informed of the program's complaint policy and procedures and the right to submit complaints without fear of discrimination or retaliation and to have them investigated by the program within a reasonable period of time;
13. Right to have access to their own client records and to obtain necessary copies when needed;
14. Right to receive a written notice of the address and telephone number of that state licensing authority, i.e. the department, which further explains the responsibilities of licensing the program and investigating client complaints which appear to violate licensing rules;

15. Right to obtain a copy of the program's most recent completed report of licensing inspection from the program upon written request. The program is not required to release a report until the program has had the opportunity to file a written plan of correction for the violations as provided for in these rules; and

CLIENT RESPONSIBILITIES

1. Good communication is essential to a successful provider-client relationship. Clients have a responsibility to be truthful and to express their concerns clearly to their providers.
2. Clients have a responsibility to provide a complete medical history, to the extent possible, including information about past illnesses, medications, hospitalizations, family history of illness and other matters relating to present health.
3. Clients have a responsibility to request information or clarification about their recovery plan when they do not fully understand what has been described.
4. Once clients and providers agree upon the goals of the recovery plan, clients have a responsibility to cooperate with this plan. Compliance is essential to achieve optimal outcomes. Clients also have a responsibility to disclose whether previously agreed-upon methods are being followed and to indicate when they would like to reconsider the recovery plan.
5. Clients should also have an active interest in the effect their conduct has on others and refrain from behavior that places their well-being at risk.

Client Name (PRINTED) Date

Client Name (SIGNATURE)

Witness Date

Media Release Form

I, _____,
hereby release my image, likeness and the sound of my voice, as recorded for
use in any video or other media, to be shown on the Good Shepherd Recovery
House (GSRH) web site and social media pages, as well as on any other sites,
for promotional uses by organizations who may interview or promote GSRH.

I expressly release GSRH from any defamation and other claims I may have
arising out of the above-described materials and hereby waive all rights to
inspect and approve the finished product or its use.

I acknowledge that I am not required to sign this document or participate in
promotional enterprises. I acknowledge that this release is firm and final
(GSRH will not remove previously posted public media) and I sign this
document to signify my agreement.

Signature

Date

Good Shepherd Recovery House

Phone 678-459-2346

Fax 888-826-6972

<http://gsrecovery.org>

Reimbursement and Responsibility Policy

I agree to the following rules

1. If I break it, I will pay to have it repaired or replaced.
2. If I change the thermostat or leave the windows open while the air conditioning or heat are running, I will pay for the overage of the electric bill between the past and present months.
3. If I leave the hose water running outside, or leave the water running inside the house, I will pay the overage of the water bill between the past and present months.
4. If I walk by any issues in the house that require repair and do not advise the Executive Director and Program Director, or even better, take care of the issue yourself (examples: rotting food in the pantry or outside, dishes that are put up not clean, garbage that is not put away, doors left open), I will be disciplined as if I was the person who caused this issue.
5. I will not use the house as a storage unit. If I need to store items, I will purchase a storage unit or send the items home with family members or arrange for its storage.
6. If no one in the house takes responsibility for any infraction of the rules, then the entire house will lose visitation (and for those without visitation, will lose work days), until the person who violated the rule takes responsibility and endures the consequences for it.
7. If I do not abide by these rules, which protect the safety and maintenance of the house and the recovery program, I will be dismissed from the program.

Signature

Name

Date

Good Shepherd Recovery House
Phone 678-459-2346
Fax 888-826-6972
<http://gsrecovery.org>

Waiver of Rights of Personal Property

I hereby waive all of my personal rights to deny any search of myself and any private items on the properties of RPM Ministries Inc, including:

Good Shepherd Recovery, House 601 Moore Rd, Jasper, GA 30143

Ministry House, 347 Holly St, Canton, GA 30114

Any vehicle on the premises of Good Shepherd Recovery House or Ministry House

I understand that if I do not agree to this waiver of personal rights, I will not be able to remain in the Good Shepherd Recovery House program.

Signature

Date

Name

RPM MINISTRIES INC DBA GOOD SHEPHERD RECOVERY HOUSE
Program Rules and Expectations

Respect: Please respect your environment and the people that live in it. This includes keeping your bedroom clean and cleaning up after yourself. If you mess it up, you clean it up. Each member is responsible for doing chores of the house and grounds such as sweeping, mopping, and taking out trash and vacuuming, taking care of the garden, animals and landscaping. If you are asked to help out repeatedly and do not comply, you will be asked to leave.

Wake up times: You are expected to be out of bed at 5:30 a.m. on Weekdays for breakfast at 5:45 am, and other activities beginning at 6 am. Staying in bed, napping, or doing nothing all day is strictly prohibited.

*** You are expected to be out of bed at 7:00 am on Weekends.

Keeping the Peace: This environment is intended to provide a safe, sober and peaceful surrounding to all those living in it. Please refrain from playing loud music, talking over each other, fighting, turning the television up too loud and being generally disrespectful to your housemates.

Honesty: It is the responsibility of every resident to be honest about his or her own behavior at all times. If you are unclear about a situation, report it to the Program Director immediately for clarification.

Personal Boundaries: Please keep your personal belongings in your area. Refrain from leaving these items all around the house. Clients' groceries should be separated and eating others food or using other clients personal items without their permission is strictly prohibited. Additionally, any client who has a Facebook, Instagram, Twitter or any other social media account must refrain from posting information or photographs about another client without the permission of that client. Any questionable photos or comments posted on these accounts are subject to disciplinary action by staff if they violate the privacy or dignity of the program, staff or another client.

Dress Code : It is the responsibility of each client to dress in a fashion that conveys a recovering lifestyle. Clothing with alcohol related slogans or brands, as well as profanity, are strictly prohibited.

Visitors:

- After the 30 day blackout period for Phase I new Residents, Residents may receive visitors who are listed on their application and approved by **the Executive Director**.
- Upon their first visit to Good Shepherd Recovery House, all Visitors must sign a Confidentiality Agreement regarding disclosure of anything seen or said on the premises.
- Weekend visitors must be posted on the public schedule by Wednesday.
- Visitors are not allowed on the premises outside of those times without written authorization from the Executive Director.
- No visitors or clients are allowed in Resident bedrooms for any reason.
- Anyone entering the residence must be sober, meaning has not used any alcohol or drugs prior to arriving on site.
- All visitors must remain in the common areas at all times (living room, dining room and kitchen).
- No visitor is permitted to be in the resident's bedroom at any time.
- No visitor is permitted to spend the night at any time.
- Any resident who has a child must have prior permission before having their child(ren) over to visit. This is a liability issue and must be respected.

Relationships: If you are in a relationship at the time that you enter the House, you must be willing to discuss this relationship openly and honestly with your housemates and the director. **If you were not in an active relationship at the time of entry into the program, the establishment of new relationships, online or in person, are not allowed . A relationship is defined as any repeated (more than 1) communication with a woman who is not a family member, an employer, an attorney, a medical or mental health provider, or Supervising Officer. Absolutely no NEW relationships within the community are permitted.**

Gossiping & Secret Keeping: There is nothing positive that can come from talking about people in a negative way or when they are not present. If there is a relapse or a concern about another resident, it needs to be brought to the attention of the Resident Assistant, House Leader or the Program Director immediately. Failure to do so will be considered gossip and can result in discharge from the program.

Curfew: Unless on a 2nd Phase Pass, you are expected to be in the residence or under supervision of the House Leader or other Staff if you are not working. If you are working outside of the House, you are expected to go directly to work and return directly to the House, with no other unapproved stops. Any stops must be approved in writing by the Program Director or Executive Director. If a Resident is given permission to drive himself off site for a particular reason, such as a medical appointment, or to make a specific purchase of food or supplies, the Resident is not to make detours or other stops. Unless under the supervision of the Resident

Assistant, House Leader or other Staff, or by written authorization by the Executive Director or Program Director, all Residents must be in the House by 10 pm Sunday through Thursday and 11 pm Friday and Saturday. No exceptions. Being in the parking lot does not mean you are in by curfew.

Overnight visits & Passes: After a resident has been in the program for 90 days continuously and the Program Director and Executive Director approve the Resident's promotion to Phase 2, day or overnight Passes may be approved with the approval of any supervising officers. Passes begin with a Day Pass, with Resident back by 6 pm, then an Overnight Pass for 24 hours from 6 pm Friday to 6 pm Saturday. Eventually a Resident may obtain a weekend pass from 6 pm Friday through 10:15 am Sunday (the beginning of Ministry House Sunday Services) These Passes are contingent on the fact that the resident must be actively working the steps, working with their sponsor, and have no on-going rule violations. Overnight visits are permitted on the WEEKENDS ONLY unless approved in advance in writing. All pass requests are due by the Wednesday prior to the weekend that a pass is requested and the resident will be notified if they have been approved within 24 hours.

Signing Out: Sign out boards are provided on the table next to the front door. You MUST sign out each day giving your whereabouts for the day and expected time of return. If you continuously fail to sign out, you could be asked to leave the residence.

Cell phones and vehicles: After promotion to Phase 2, Cell phones and vehicles are permitted as long as they do not present a distraction to your recovery. Cell phones MUST BE TURNED OFF during our on site meetings, classes and counseling. If the phone or the vehicle pose a problem, as determined by the staff, you could be asked to give those things up temporarily.

Maintenance Issues: If there is an issue in the House that requires the attention of maintenance, please advise the House Leader or Executive Director immediately . The phone number to the Executive Director is posted on the bulletin board in the kitchen. It is your responsibility as a resident to report these issues.

Meeting Attendance: You are required to attend a Celebrate Recovery Meeting WEEKLY on Tuesdays by 7:00 pm. You must document your meeting attendance in your online Daily Journal, along with the Topic, Leader and what you learned.

Sponsorship: You must have a sponsor by Phase 2 and be actively working the twelve steps to be eligible for continued residency in this program.

Drug Screens : Random drug screens will be conducted at the discretion of staff. If there is a question as to the accuracy of a test, an additional test will be performed. If it is deemed inconclusive again, the client may be asked to submit to a hair follicle or blood test at his or her own expense. Please do not be offended if you are asked to take a drug screen, we are addicts and alcoholics, that's why we're here.

Individual Meetings: Every client is required to meet with the Program Director and/or Executive Director on an ongoing basis to address specific recovery goals that are not addressed in our Community meetings.

Community Meetings: We have two meetings per week, both on Sunday. One is a House Meeting to discuss any outstanding issues and plans for the next week. The second is SocioGrams, where all Residents share with every other Resident their "more than" and "less than" characteristics. This is to help other Residents see their blind spots, understand where improvement is needed, and to celebrate the Resident's successes. These meetings are mandatory !

Program Fees: All program fees are due on the last day of the month no later than 7:00 pm. Please budget accordingly if your pay period is every two weeks or monthly. It is your responsibility to have program fees paid by this time and anything later than this must be worked out with the Program Director in advance. Program Fees include drug screens, all group meetings, individual counseling, utilities.

THERE ARE ABSOLUTELY NO REFUNDS

Relapse: If you relapse, your program will be reset and you will be given the option to either start the program from the beginning or leave and go to another program. If you leave the premises and do not return for 24 hours, you may not come back into the program until you have been drug tested, and if not clean, cannot return until you test clean. This is to ensure the safety and sobriety of every other resident in the Community. You may be evaluated for re-admission after a minimum of five days of continued abstinence. If another resident has knowledge of the relapse and does not come forward immediately, all persons involved will be asked to leave the residence.

If you relapse and are dishonest about it to your Community and the Director, you will not be eligible for Re-admission. Additionally, if you relapse, any & all fees will be forfeited and no refunds will be made for any reason whatsoever.

If you are on the property and under the influence and refuse to leave, the police will be called and you will be removed from the property.

****We will attempt to ensure your safety in the event of a relapse, however by your initial of this paragraph and your signature on signature page this indicates that you understand and release forever RPM MINISTRIES INC DBA GOOD SHEPHERD RECOVERY HOUSE from assuming ANY LIABILITY for the consequences that you may incur up to and including your arrest or death.***

Initial of client:

Initial of witness:

If you happen to find medications or any kind of paraphernalia, this needs to be reported to the Program Director immediately.

Prescription Medications : We recognize that some residents have the need to take prescription medications such as anti-depressants, diabetes medication, etc. These medications need to be filled out on the med sheet at admission and medications must be stored in our secured area at all times. If there are any changes to these medications, you will need a letter or some type of verification from your doctor that these changes have occurred. If you are prescribed ANY medications by a doctor or dentist that are not on the med list, those medications need to be approved by the director BEFORE you fill or take any of these medications. If you take any medications that are not pre-approved by the director, you will face discharge from the residence immediately. It is your responsibility to notify ANY doctor, dentist or anyone else affiliated with the medical profession that you are a recovering alcoholic/addict and cannot take any pain or anxiety medications without the expressed written authorization of the Executive Director or Program Director.

Random Searches on RPM Ministries Properties: Please be aware that as a client in this program, your belongings, room, car and any other area deemed necessary by the staff are subject to search at any time. Every measure will be taken to ensure that the client is present at the time of the search, but if that is not possible, a search may be conducted in the client's absence. Any non-approved items such as medication, questionable books or videos or paraphernalia will be confiscated and depending on the items found, appropriate action will be taken.

Discharge: When the time becomes necessary for you to leave the residence, please notify the staff as soon as possible. The resident's bedroom and surrounding areas must be left in a clean and orderly fashion and anything belonging to GOOD SHEPHERD RECOVERY HOUSE must be returned. Regardless of the reason for your departure from the program, voluntary or otherwise, it is your responsibility to remove your belongings immediately. *Personal belongings left in the residence for more than 72 hours will be removed and donated to local charity and any items that*

are left with the hopes of retrieving them at a later date are subject to storage fees in the amount of \$25 per day.

IF YOU ARE UNCLEAR ABOUT ANY OF THE RULES AND EXPECTATIONS OF THE GOOD SHEPHERD RECOVERY HOUSE PROGRAM, PLEASE ASK FOR CLARIFICATION. IGNORANCE OF THE RULES IS NO EXCUSE.

I understand and agree to follow all of the program rules and expectations of Good Shepherd Recovery House. I understand that if I fail to do so, I may be asked to leave the residence immediately and any and all fees paid are forfeited.

SIGNED:_____

DATE:_____

WITNESSED:_____

CLIENT CONFIDENTIALITY AGREEMENT

Last Updated: 8/22/20

The confidentiality of recovering persons living in a Supportive Living Environment is protected under Federal Law 42 CFR, which protects them from anyone outside of the program having knowledge of their participation in the program without the resident's specific permission. No information regarding a resident of Good Shepherd Recovery may be released to anyone outside of the program unless:

1. The resident has signed a consent form to that person/agency;
2. A court order is issued to Good Shepherd Recovery House regarding information on the resident;
3. Medical personnel require the information in a medical emergency, or;
4. The resident threatens to harm him/herself or someone else.

Federal Law does not protect a resident if they commit a crime against anyone at Good Shepherd Recovery House. Also, Federal Law does not restrict sharing of information regarding reported child abuse/neglect to appropriate State and local authorities. These laws apply not only to the staff, Board and volunteers of Good Shepherd Recovery House, but to the residents as well.

I agree to not reveal to anyone outside of the Good Shepherd Recovery House program the name, identity, or description of another resident. I also agree to not discuss the content of conversations or groups with anyone outside of Good Shepherd Recovery House. This includes sharing at 12-Step meetings.

I agree to inform staff if any of my peers reveal any information about themselves or another resident that may be a cause for concern.

Client Signature _____
Date _____

Staff Signature _____
Date _____

GOOD SHEPHERD RECOVERY HOUSE

APPROVED MEDICATION LIST

Allergy

- Claritin or generic equivalent (may NOT contain pseudoephedrine)

Cold and Flu

- Acetaminophen or Ibuprofen
- Saline nasal drops or spray
- Warm salt/water gargle
- Cough Drops or Throat Lozenges

Constipation

- Colace
- Metamucil

First Aid Ointment

- Bacitracin
- Neosporin or generic equivalent

Rashes

- Caladryl lotion or cream
- Hydrocortisone cream or ointment.

ADDITIONAL MEDICATIONS

Prescription medications such as antibiotics and antidepressants are generally acceptable but **MUST** be cleared with staff at the time of admission. Other medications used to manage cravings such as Naltrexone, Suboxone, Campral or Antabuse are on a case-by-case basis and **MUST** be cleared with staff at time of admission. Nicotine patches or gum may be purchased by the client and self-administered under Staff supervision as with all other approved medications, but for no more than four (4) weeks.

NON APPROVED

- ANY medication containing pseudoephedrine, diphenhydramine or dextromethorphan contained in brands such as Sudafed, Dayquil, Theraflu, Benadryl, Robitussin DM or any other "DM" cough syrup
- ANY prescription opiates of any kind such as in Tylenol #3, Percocet, Vicodin, Darvocet, Lortab, etc.
- ANY benzodiazepine including Ativan, Xanax, Klonopin, Valium
- ANY stimulant such as diet pills (including herbal remedies) or ADHD medications such as Adderall, Ritalin, Concerta, phentermine
- ANY sleep agents including Tylenol PM, Advil PM, Ambien, Lunesta, Sonata. THIS INCLUDES THE USE OF BENADRYL. (Melatonin is a safe alternative.)
- ANY preparations that have an alcohol base such as mouthwash and cough syrup.
- —ANY steroids not prescribed by a doctor.

****IF YOU ARE UNCLEAR ABOUT ANY MEDICATION, ASK BEFORE YOU TAKE IT!!****

Client Signature: _____ **Date:** _____

Witnessed: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM FOR RECREATIONAL ACTIVITIES

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL RECREATIONAL ACTIVITIES ON RPM MINISTRIES, INC (RPM) PROPERTY, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

In consideration of permitting me to participate in recreational activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE RPM MINISTRIES, INC. DBA GOOD SHEPHERD RECOVERY HOUSE (RPM) from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury while participating in recreational activities;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that RPM and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that RECREATIONAL ACTIVITIES may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature Date Participant's Name Age (Please print legibly.)

Sexual Abuse and Misconduct Prevention Policy

RPM Ministries Inc dba Good Shepherd Recovery House prohibits and does not tolerate sexual abuse or misconduct in the workplace or during any organization-related activity. **RPM Ministries Inc dba Good Shepherd Recovery House** provides procedures for employees, volunteers, board members or any other victims of sexual abuse or misconduct to report such acts. Those reasonably suspected or believed to have committed sexual abuse or misconduct will be appropriately disciplined, up to and including termination of employment or membership, as well as criminally prosecuted. No employee, volunteer, board member or other person, regardless of his or her title or position has the authority to commit or allow sexual abuse or misconduct.

Definitions and Examples

The following definitions or examples of sexual abuse, misconduct or harassment, may apply to any and/or all of the following persons – employees, volunteers or other third-parties.

Sexual abuse or misconduct may include, but is not limited to:

- Child sexual abuse – any sexual activity, involvement or attempt of sexual contact with a person who is a minor (under 18 years old) where consent is not or cannot be given.
- Sexual activity with another who is legally incompetent or otherwise unable to give consent.
- Physical assaults or violence, such as rape, sexual battery, abuse, molestation or any attempt to commit such acts.
- Unwanted and intentional physical conduct that is sexual in nature, such as touching, pinching, patting, brushing, massaging someone's neck or shoulders and/or pulling against another's body or clothes.
- Material such as pornographic or sexually explicit images, posters, calendars or objects.
- Unwelcome and inappropriate sexual activities, advances, comments, innuendoes, bullying, jokes, gestures, electronic communications or messages (e.g. email, text, social media, voicemail), exploitation, exposure, leering, stalking or invasion of sexual privacy.
- A sexually hostile environment characterized as comments or conduct that unreasonably interferes with one's work performance or ability to do the job or creates an intimidating, hostile or offensive environment.
- Direct or implied threats that submission to sexual advances will be a condition of employment or affiliation with the organization.

Reporting Procedure

Immediately report suspected sexual abuse or misconduct to

- Executive Director, Ronnie Haynes – 678-459-2347, info@gsrecovery.org
- Administrator, Penny Haynes – 678-459-2437, info@gsrecovery.org

It is not required to directly confront the person who is the source of the report, question or complaint before notifying any of the individuals listed. **RPM Ministries Inc dba Good Shepherd Recovery House** will take every reasonable measure to ensure that those named in complaint of misconduct, or are too closely associated with those involved in the complaint, will not be part of the investigative team.

Anti-retaliation and False Allegations

RPM Ministries Inc dba Good Shepherd Recovery House prohibits retaliation made against any employee, volunteer, board member or other person who lodges a good faith complaint of sexual abuse or misconduct or who participates in any related investigation. Making knowingly false or malicious accusations of sexual abuse or misconduct can have serious consequences for those who are wrongly accused. **RPM Ministries Inc dba Good Shepherd Recovery House** prohibits making false or malicious sexual misconduct allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action, up to and including termination of employment or membership and criminal prosecution.

Investigation and Follow-up

RPM Ministries Inc dba Good Shepherd Recovery House will take all allegations of sexual abuse or misconduct seriously and will promptly, thoroughly and equitably investigate whether misconduct has taken place. The organization may utilize an outside third-party to conduct an investigation of misconduct. **RPM Ministries Inc dba Good Shepherd Recovery House** will cooperate fully with any investigation conducted by law enforcement or other regulatory/protective services agencies. **RPM Ministries Inc dba Good Shepherd Recovery House** will make every reasonable effort to keep the matters involved in the allegation as confidential as possible while still allowing for a prompt and thorough investigation.

Reporting to Law Enforcement or Appropriate Child or Adult Protective Services

RPM Ministries Inc dba Good Shepherd Recovery House is committed to following the state and federal legal requirements for reporting allegations or incidents of sexual abuse or misconduct to appropriate law enforcement and child or adult protective services organizations. It is the policy of **RPM Ministries Inc dba Good Shepherd Recovery House** not to attempt to investigate or assess the validity or credibility of an allegation of sexual or physical abuse as a condition before reporting the allegation to proper law enforcement authorities or protective services organizations.

Employee and Worker Screening and Selection

As part of its sexual abuse and misconduct prevention program, **RPM Ministries Inc dba Good Shepherd Recovery House** is committed to maintaining a diligent screening program for prospective and existing employees, volunteers and others that may have interaction with those employed by, associating with or serviced by **RPM Ministries Inc dba Good Shepherd Recovery House**. The organization may utilize a variety of methods of screening and selection, including but not limited to applications, personal interviews, criminal background checks and personal and professional references.

Supervision of Youth

To provide a safe environment for minors, **RPM Ministries Inc dba Good Shepherd Recovery House** strives that a minimum of two adult workers supervise or be in attendance with minors during organization-related activities. The purpose is to avoid one-on-one interactions between adults and minors that are not easily observable by others. If individual meetings with a minor must be held in an office, keep the door open. Only conduct closed door meetings when another adult is put on notice of the meeting and the door remains unlocked.

Acknowledgement Form: Sexual Abuse and Misconduct Prevention Policy

I acknowledge that I received and read the Sexual Abuse and Misconduct Prevention Policy and/or had it explained to me. I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual abuse or misconduct as set forth in the policy, including retaliation against any employee or volunteer exercising his or her rights under the policy. I acknowledge that I will be alerted when changes and updates are made to the Sexual Abuse and Misconduct Policy and will be responsible for reading and complying with these updates.

Printed Name

Signature

Witness' Signature

Rules for Working

These rules shall apply to all men who have earned the privilege of working.

- You will provide the name of the owner of the business, phone number, email and address of business. We must approve the job, that it is a safe, drug-free environment. We must contact them and learn the frequency of your paychecks so we know when to expect you to turn in your checks.
- Your paychecks must come directly to us. If you do not bring us your check, you will be released from the program. We will deposit it into your client account, and you can withdraw money as needed. Paychecks are triggers for euphoric recall - just remember what you used to do with your paycheck.
- You will go straight to work and straight back. No detours, going home, meeting with friends, etc. Any detours or stops must be approved by the Staff (House Manager, Program Director, Executive Director).
- You will put on the schedule what time you are to be at work and what time your shift ends, and when you will be home.
- You are responsible to being at all events throughout the week on time. If you will be late, you must contact the Staff and let them know why and how late you will be.
- If you do not have a car to get to work, you must arrange your own travel for the **entire day** (how you will get there and how you will return) **before** you leave the house. Don't get stranded somewhere and miss any of our deadlines because you didn't prepare for your day.
- We suggest that you have a change of clothes, a pen and a notebook in your car at all times so you will be prepared in the event of offsite classes. If you require a book for your class, put it in the car the night before.
- We have the right to search your car at any point. Anything of yours that comes onto the premises, it can be searched.
- Your keys must be handed in every evening and given to the House Leader or Staff to be put in the Kitchen Office. You can retrieve it in the morning.
- If you are on a blackout weekend for any reason, you will not be working or driving or communicating with anyone in the outside world. You will remain at the House.
- Keep your car in good condition, so you do not get stranded.

I agree to all of the above rules for Working.

Signature

Date

Name

GRIEVANCES

The Resident has a right to bring all grievances and disagreements to staff at which time it will be dealt with in a respectful manner with all parties involved in said conflict.

Residents should complete a Grievance Form (see attached) in writing, sign and date it and have it scanned and emailed to info@gsrecovery.org by a Staff Member. The form will be reviewed by the Program Director and the Executive Director, and any other Staff Member involved in the Grievance, and the issue will be discussed among the Staff Members involved. Then the Program Director and/or Executive Director, along with any other Staff Members involved, will discuss the Grievance with the Resident to find a solution to the problem.

If a person is not involved in a disagreement in the house, they should not participate in the discussion of the disagreement.

Bringing others into the discussion of your disagreement can and will be reviewed as a passive aggressive approach to cause division within the house. This will not be tolerated and could cause problems for all involved in the discussion.

Each resident is there to work on themselves and not to get pulled into others' problems and or to fix others' problems.

The Staff understands that there will always be disagreements, however, blatant disrespect for staff or others can and very well may be considered as aggressive or even passive aggressive behavior. As of 5/25/20, arguing and back talking toward any staff member (House Leader, Program Director, Executive Director, Counselor, Volunteer Staff) will no longer be tolerated, and the subject will be held accountable to all standard rules of the program. Disrespect will not be tolerated.

Resident has the right to leave this program if he doesn't agree with this policy, or will from this moment make a decision to submit to all house requirements and things asked upon him within the boundaries of this program and asked of every resident who is in the program.

Good Shepherd Recovery staff and board of directors can declare if the resident is fit for this program and if they believe that the program will be able to help the resident based upon reviews of attitudes, work ethics, and spiritual growth.

All probation officers, parole officers and sponsors are notified of a resident's progress by THOR and state required progress reports at any given time if a resident is a threat to himself, others or the program.

However, to continue to act out within this program will not be tolerated and by signing this document at this time it states that

(Resident Name) _____ on this date _____
understands and agrees to comply.

GSRH is a place of healing and recovery, and all parties involved will give grace and mercy just as the Lord gives us all.

GSRH is honored to serve and lead those who desire change and are willing to make a decision that change will benefit them and those whom they choose their future with.

Signature

Date

Name

GOOD SHEPHERD RECOVERY HOUSE

GRIEVANCE FORM

RESIDENT / STAFF FILING COMPLAINT:

RECIPIENT OF THE COMPLAINT:

DATE:

GRIEVANCE:

RESIDENT PROPOSED SOLUTION:

RESIDENT SIGNATURE:

AGREED UPON SOLUTION:

RESIDENT SIGNATURE:

STAFF SIGNATURE:

Write Up Offenses

The following are reasons for write ups:

- Not doing assignments (includes journals completed within 24 hrs)/ not attending class / late to class / not completing chores and assigned tasks in the time allotted by the Staff
- Not prepared with books, notebook, pens (participation in class)
- Late back to the house after work (Supper is at 6 pm, Class at 7 pm)
Except for Tuesdays when you are to be at Anger Management no later than 5:25 pm, you must return to the house after work by 6:30 pm to shower (if required) and be prepared for your 7 pm class
- Any electronic devices in any class or in church (includes computerized watches)
- Disrespect to staff or other residents (foul language, hand gestures, etc.)
- Drugs/Tobacco/Alcohol/Pornography/Violence ON or OFF PREMISES
- Involvement with any woman other than the partner you had when entering the program (no female friends, no romantic or sexual relationships, including texting, emailing, speaking by phone, hanging with at events, etc.) Focus on your own recovery – at this time, you will only attract unhealthy people who will derail your recovery.
- Late returning from weekend passes
- Combative/aggressive behavior (intimidating posture, threats of any kind)
- Lying
- Not signing in and out when leaving the house

Write Up Consequences

1st offense PER MONTH

- Blackout Weekend / no phone/ no visitation / no leaving the house except for Church or planned and approved House events. Starts Friday at lights out and lasts until Sunday at lights out.

2nd offense PER MONTH

- Blackout Weekend / no phone/ no visitation / no leaving the house except for Church or

planned and approved House events. Starts Friday at lights out and lasts until Sunday at lights out.

- **PLUS** Extra Assignments to be determined by the Staff

3rd offense PER MONTH

- Blackout Weekend / no phone/ no visitation / no leaving the house except for Church or planned and approved House events. Starts Friday at lights out and lasts until Sunday at lights out.

- **PLUS** Extra Assignments to be determined by the Staff

- **PLUS Extra Week added to the program**

I have read and understand the write up system.

Resident Name

Date

Daily Schedule – See attached Calendar View

Residents staying in the house all day will have additional classes during the day

Chores must be completed each day before or after work, or during the day for those not working

- If you are on **Cooking Duty**, you must pre-plan the Breakfast, Lunch and Dinner menu for the entire week on Sunday nights based on what is in the pantry.
- Meals are eaten together on time; no cooking or making meals later, or going into the kitchen in between meals except to grab a snack from the counter.
- No eating in your room – only in kitchen.
- Turn in your written or typed menu (including what ingredients will be used, and what preparation will be required for each meal) to the Staff on Duty on Sunday night to be posted on the Kitchen board and sent to the Program Director by Staff.
- You must get up at 5:30 am** to prepare breakfast for all of the men in the house
- Make enough for supper so there are Leftovers for Lunch, or make sure there is enough meat and bread brought up from the pantry for sandwiches.
- Every evening, you must set aside those foods for the next day's three (3) meals, move ingredients from freezer to refrigerator, bring up from pantry, etc.
- If you work, it is a good idea to prepare your meal ingredients THE NIGHT BEFORE (cut up vegetables, place all ingredients in the same area, etc.), or you must GET UP EARLY and prepare for the evening meal. Make use of the slow cooker, instant pot, etc., or have it all ready for the person on Kitchen duty to simply put in the pots to cook.
- Clean up is IMMEDIATELY after leaving the table.
- All men must scrape and use paper towel to wipe off their plate and utensils for easier dish washing.
- Kitchen Duty will rinse and put dishes and utensils into the dishwasher and wash all pots and pans.
- All surfaces in kitchen and dining room must be cleared of crumbs, wiped down and swept to remove all crumbs after each meal. That includes wiping down microwave at the end of the day.
- No open garbage. If there is no lid, then temporarily close the garbage bag to avoid flies.
- Take the garbage out as soon as it is full.
- Kitchen Duty will NOT put back dirty or wet dishes, utensils or cups, but will wash and dry by hand and put them away.

Laundry Room open Thursday and Friday.

Turn in Ledger Forms for Withdrawals and Deposits at Anger Management on Tuesdays.

Weekdays:

5:30 am – Breakfast Duty Wake Up

5:45 am - Wake Up

6:00 am to 6:30 am – Breakfast & Faith to Faith

6:30 am to 7:00 am – Quiet Time / Personal Time

7:00 am to 8:00 am – Firm Foundation

8:00 am to 9:00 am – Chores

9:00 am to 10:00 am – Individual Assignments (Must be reviewed by House Manager as soon as completed and either entered into journal or uploaded to task) **(M,T,Th,F)**

10:00 am to 12:00 pm – Free Time**(M,T,Th,F)**

10:00 am to 12:00 pm – WEDNESDAY: GROUP COUNSELING

12:00 pm to 1:00 pm – Lunch

1:00 pm to 4:00 pm – WEDNESDAY: GROUP COUNSELING

1:00 pm to 2:00 pm – Free Time **(M,T,Th,F)**

2:00 pm to 3:00 pm – **Class(M,T,Th,F)**

3:00 pm to 6:00 pm – Free Time **(M, Th, F)**

4:00 pm to 6:00 pm – Free Time **(W)**

4:00 pm to 4:45 pm – Free Time **(T)**

4:45 pm – Leave for Ministry House / Submit Ledger Withdrawals and Deposits (T)

6:00 pm to 6:30 pm – Dinner **(M,T,Th,F)**

7:00 pm to 8:00 pm – Activity **(M, Th)**

6:30 pm to Lights Out – Free Time **(W, F)**

10:00 pm – Lights Out (Sunday through Thursday nights)

11:00 pm – Lights Out (Friday)

Weekends:

Saturday:

7:00 am – Wake Up

7:30 am – 7:45 am – Breakfast

8:00 am to 9:00 am – Chores

9:00 am to 12:00 pm – Free Time

12:00 pm to 12:30 pm – Lunch

12:30 pm to 1:00 pm – Free Time

1:00 pm to 5:00 pm – Visitation (approved visitors only, must be on the schedule by Wednesday at the latest)

6:00 pm to 6:30 pm – Dinner

6:30 pm to 11:00 pm – Free Time

11:00 pm – Lights Out

Sunday:

7:00 am – Wake Up

7:30 am – 7:45 am – Breakfast

8:00 am to 9:00 am - Chores

9:30 am – Leave for Church

1:30 pm to 1:45 pm - Lunch

2:00 pm to 5:00 pm – Visitation (approved visitors only, must be on the schedule by Wednesday at the latest)

5:00 pm to 6:00 pm – Social Gram

6:00 pm to 6:30 pm – House Meeting

6:30 pm to 7:30 pm – Dinner

10:00 pm – Lights Out

Resident Name

Date

Good Shepherd Recovery House Schedule

9/15/20

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5:30 AM		Cooking Duty Wake Up	Cooking Duty Wake Up	Cooking Duty Wake Up	Cooking Duty Wake Up	Cooking Duty Wake Up	
5:45 AM		Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	
6:00 AM		Breakfast & Faith to Faith	Breakfast & Faith to Faith	Breakfast & Faith to Faith	Breakfast & Faith to Faith	Breakfast & Faith to Faith	
6:30 AM	Cooking Duty Wake Up	Free Time	Free Time	Free Time	Free Time	Free Time	Cooking Duty Wake Up
6:45 AM	Wake Up	Room Inspections	Room Inspections	Room Inspections	Room Inspections	Room Inspections	Wake Up
7:00 AM	Breakfast	Firm Foundation	Firm Foundation	Firm Foundation	Firm Foundation	Firm Foundation	Breakfast
8:00 AM	Chores	Chores	Chores	Chores	Chores	Chores	Chores
9:00 AM		Individual Assignments	Individual Assignments	Free Time	Individual Assignments	Individual Assignments	Free Time
9:45 AM	Leave for Church						
10:00 AM		Free Time	Free Time	Group Counseling	Free Time	Free Time	Free Time
11:00 AM		Free Time	Free Time	Group Counseling	Free Time	Free Time	Free Time
12:00 PM		Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1:00 PM		Free Time	Free Time	Group Counseling	Free Time	Free Time	Visitation
1:30 PM	Lunch						Visitation
2:00 PM	Visitation	Class	Class	Group Counseling	Class	Class	Visitation
3:00 PM	Visitation	Free Time	Free Time	Group Counseling	Free Time	Free Time	Visitation
4:00 PM	Visitation	Free Time	Free Time	Free Time	Free Time	Free Time	Visitation
4:45 PM			Leave for Class/CR				
5:00 PM	Social Gram	Free Time	Class & CR 12 Step	Free Time	Free Time	Free Time	Free Time
6:00 PM	House Meeting	Supper	Class & CR 12 Step	Supper	Supper	Supper	Supper
6:30 PM	Supper		Class & CR 12 Step	Free Time	Free Time	Free Time	Free Time
7:00 PM	Free Time	Activity	Class & CR 12 Step	Free Time	Activity	Free Time	Free Time
8:00 PM	Free Time		Class & CR 12 Step	Free Time	Free Time	Free Time	Free Time
9:00 PM	Free Time		Class & CR 12 Step	Free Time	Free Time	Free Time	Free Time
10:00 PM	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Free Time	Free Time
11:00 PM						Lights Out	Lights Out