## The Open Door Ministry Sober Living Recovery Program

2823 Cherry Street, Toledo OH 43608

## RESIDENT AGREEMENT

It is your responsibility to read and agree to the following conditions before you are accepted into the Open Door Ministry recovery program:

- 1. I will remain abstinent at all times from all non-prescription drugs and alcohol.
- 2. I will inform Open Door Staff of all prescriptions I may receive from a physician and allow the staff to monitor my use of the medications. I will report any changes or additions to my prescriptions to the Staff before I ingest any medication.
- 3. I will submit to alcohol and drug screening at the Staff or Houseman's discretion.
- 4. I will not engage in illegal activities and will not possess any contraband (pornography, drugs, weapons, etc.).
- 5. I understand that if I leave without the consent of the Staff, or if I am discharged due to a policy violation, I shall forfeit any fees paid.
- 6. I will meet at least once per week with the Staff to discuss my progress, discuss issues/concerns, and plan for exiting when the time comes.
- 7. I will attend at least 1 AA/CA/NA/HA meeting per day and get my ODM slip signed for as long as I live at the Open Door. I will also attend the mandatory meetings such as the morning meditation group (M-F 7:45AM), the in-house morning recovery meetings (M,W,F 9:30AM), the house meetings on Thursday nights and the H&I Committee AA meeting on Thursday night at 8PM. I also understand that it is mandatory that I attend the Back to Basics course.
- 8. I understand that I must get a 12 Step program sponsor who has been living sober continuously for at least 3 years and has a thorough understanding of 12 Step recovery.
- 9. I will join an approved AA/CA/NA/HA home group and understand that I am required to be an active, useful member of my home group.
- 10. I understand that I will be on restricted leave for the first 14 days and that I must reach the goals set by the staff within those first 14 days in order to be considered a permanent resident.
- 11. If I am on parole, probation or any court order, I will inform the Staff of any restrictions or other requirements I might have, and I will comply with the restrictions or other requirements of my parole, probation or court order established by the court.
- 12. If I am involved in an outside treatment plan, I will attend all meetings and counseling sessions and be an active participant in my recovery and mental health.
- 13. I understand that I am expected to share in the maintenance of the community living areas of the house and that I will be responsible for daily chores.
- 14. I will keep my personal sleeping area clean and orderly at all times.

- 15. I understand that unity and active participation in the life of the Open Door Ministry are essential to personal recovery and expected for all residents.
  - I will treat others with respect and consideration.
  - I will work to resolve conflicts quickly.
  - I will volunteer for projects as they are offered so that I can practice service.
  - I will discuss and resolve problems with community living during regular house meetings.
  - I will arrive on time, attend, and take an active role in all ODM recovery and group meetings.
  - I will actively work to improve my interactions with others, share with them, work to build unity, and will work to advance not only my own but others' personal growth.
- 16. I will not hold the Open Door Ministry, its employees, volunteers, or Board Members liable for personal injuries or accidents that may occur in the house or on the property.
- 17. I acknowledge that all personal items-regardless of value-that I bring into the Open Door Ministry are my personal responsibility, and I recognize that the Open Door Ministry, its employees, volunteers, or Board Members are not liable for loss, damage, or theft of personal property.
- 18. I will sign in and out whenever I leave from or return to the Open Door for any reason; this includes recording my name, the time I am leaving, my destination, and the time I <u>plan</u> to return along with the actual time that I return to the Open Door.
- 19. I will attend all recovery meetings that I am required to make that are held at the Open Door unless I am excused by staff.
- 20. I understand that I am not allowed to have female visitors at the Open Door unless approved by staff.
- 21. I understand that I am responsible for paying program fees to live at the Open Door unless otherwise noted by staff; this includes securing of an ODJFS food card that can be used to purchase food for the Open Door and the amount used will be credited toward my program fees. The program fee to live at the Open Door is \$300 per month. Intake month with be prorated at the rate of \$10 per day.
- 22. I understand that all fees are to be paid to staff or the Executive Director at the beginning of the month and if I am unable to do so, it is my responsibility to meet with the Executive Director to formulate a plan or budget to get fees paid.
- I understand that I must remain current on payments.
- I realize that failure to pay shall be cause for termination of residency.
- 23. I understand that violence, threats, discrimination, offensive language, intimidation or abuse of any kind will not be tolerated and will be grounds for dismissal.
- 24. I understand that unresolved conflicts may result in termination of this agreement, removal from the Open Door Ministry and forfeiture of any fees paid.
- 25. I understand that I may be eligible for overnight or weekend passes after 30 days and that granting the pass shall be at the discretion of Staff.
- 26. I accept that this agreement is in effect for my entire stay which can be as long as 2 years from the day I entered if I chose.

27. I understand that violations of the Open Door Ministry's policies written here or in the rules and regulations handbook can result in termination of this agreement and my immediate removal from the house.

I have read, understand, and agree to the conditions of this agreement:

Resident's Printed Name:
Resident's Signature:
Date Signed:
Authorized Staff Member:
Date Signed:

