



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

Introduction

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

House of Mercy is a clean & sober housing provider. We provide structure & support, as well as safe, stable, secure housing for individuals through faith-based programming. Our CSP will help one to maintain a successful recovery from all types of addictions by providing support through our voluntary worship services, and fellowship. The CSP is faith based, and we encourage participation in AA, NA, and CA.

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

We have a Care Management team that helps individuals with food, clothing/employment resource info, as well as with transportation to DSHS, SSI and Mental Health appointments. In addition, each residence has a House Leader who oversees the chore assignments, weekly meetings, & adherence to the program stipulations.

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

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

God bless,

Robert Faulk
Senior Pastor

House of Mercy Clean & Sober Program Application

County Applying For: King Pierce Whatcom Spokane Yakima
Men's Program

Name: _____ SSN: _____ Date of Birth: _____

Contact Phone: _____ Contact Email: _____

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

If accepted, when would you want to move in? _____

How did you hear about our housing program (example: friend, referral, website, other)?

Any felony convictions? Yes No (note: Your criminal history will not cause you to be denied.)

If currently incarcerated please include the following: DOC# _____ Counselor Name _____

Counselor Email: _____ Phone: _____ ERD: _____

Mental Health Conditions: Yes No If Yes, Describe

Medication: _____

Reason for Medications: _____

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

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

Client (Printed Name): _____

Clients Signature: _____ Date: _____

Clean & Sober Housing Program Stipulations Agreement

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

Please read and initial each of the following stipulations:

1. ____ I understand I may be moved to a different house within the clean and sober program at the discretion of the Ministry Staff.
2. ____ I understand my clean and sober housing is contingent upon my active participation and compliance to all program stipulations contained herein and that Landlord/Tenant rights do not apply. I understand if I self-terminate or am terminated there will be no refund of Clean & Sober Housing Program Fees and I must leave the premises immediately upon request.
3. ____ I understand I may be terminated immediately for NON-PAYMENT AND/OR LATE PAYMENT OF PROGRAM FEES, INSUBORDINATION, A THREAT OF VIOLENCE, POSSESSION OF WEAPONS, PROPERTY ABUSE, LYING, STEALING, PORNOGRAPHY, OR BEING INVOLVED WITH ANY ILLEGAL ACTIVITY.
4. ____ I understand if I self-terminate or am terminated, I must take all my belongings with me. Anything left becomes the property of House of Mercy and may be immediately disposed of unless otherwise agreed upon -- in writing -- by leadership.
5. ____ Under no circumstance are non-prescribed drugs, alcohol or THC to be on the premises, possessed or consumed. The House Leader is to be informed of all prescribed drugs. Under no circumstances am I to give and/or share any prescribed drugs. Arrangements for possession and distribution are to be made with the House Leader. We do not accept anyone who is actively on opioid treatment i.e., MAT Program, Suboxone, Methadone, and Buprenorphine or any other similar narcotic-based drug.
6. ____ I consent to submit to urinalysis and/or breathalyzer tests, at the discretion of the House Leader, solely for the purpose of determining whether I am under the influence of illegal drugs and/or alcohol while on any properties managed by the HOUSE OF MERCY. I understand that the results of these tests will be reviewed and evaluated by ministry staff. If the test results indicate that I am under the influence of alcohol or illegal drugs, or that the sample was altered, I further understand that HOUSE OF MERCY may, at its sole discretion, terminate me from the Program. Finally, I understand that failure to submit to the above described testing upon request of HOUSE OF MERCY staff may also result in termination from the Program.
1. ____ Applicants must be clean/sober for a minimum of 30 days prior to acceptance.
2. ____ I understand that any overnight stay must be approved by my house leader. A minimum of 48 hours advanced notice is required.
3. ____ I understand there are to be no unapproved guests. I will seek approval from the House Leader prior to inviting guests onto the premises.
4. ____ I understand pets are not allowed; this includes service animals.
5. ____ I will maintain neat, sanitary living conditions. If there is more than one occupant, all must share equally in maintaining these conditions. Cleaning responsibilities are to be agreed upon by those occupying the same living area. If agreement is not reached or the premises is not maintained in a neat, sanitary condition, the House Leader will assign duties so sanitary living conditions are maintained.
6. ____ I agree to maintain healthy hygiene practices to include regular shower, shaving and dental hygiene.
7. ____ I understand initial curfew will be 8:00 PM upon arrival and will be changed to 11:00 PM if compliant within 7 to 10 days, unless adjusted by the resident house leader or ministry staff
8. ____ I agree to participate in all required program meetings. Any request to miss a required meeting must be approved in advance, by the house leader.
9. ____ I grant permission for program/treatment provider/employer to release any & all records, to be reviewed by the HOM leadership; to include, but not limited to mental health/therapy reports, financial & employer performance reports.
10. ____ I authorize the ministry leadership to confer with my employer, and/or any other treatment provider(s).

- 11. ___ I agree not to hold House of Mercy responsible for any injury occurring on or off properties owned, maintained, used, or leased by House of Mercy.
- 12. ___ I understand that all internet capable devices are to be utilized only by the owner and that they are not to be sold, traded, borrowed, bartered, shared, loaned or accessed by any HOM client other than the owner of the device.
- 13. ___ I agree to give House of Mercy leadership a 30-day written notice of my intent to move prior to vacating. In the event that I move prior to the 30 days, or fail to give notice, I will be responsible for the current month's program fees, if not paid, and will forfeit any paid program fees.

Program Fee Schedule

<u>County</u>	<u>Program Fees</u>	<u>Program Fees with On-Time Discount</u>
King/Pierce/Whatcom.....	\$650.00	\$550.00
Spokane.....	\$500.00	\$450.00
Yakima.....	\$450.00	\$400.00

**Other program fee discounts opportunities available when clients are occupying overflow beds.*

- 14. ___ All Program Fees are due on the 1st of each month for the current month. The House of Mercy CSP is dependent upon the payment of program fees by the client; any delays or non-payment of fees poses substantial burden upon the program, therefore, past due accounts for non-payment may be asked to relinquish their place in the residence to make room for a new client. Any payment received after the 5th of the month is past due and the On-Time Discount may be forfeited and/or your program residency may be terminated.
- 15. ___ I understand a **one-month deposit plus a \$95 non-refundable administration fee** is required upon acceptance to reserve bed space. The first month's program fee is nonrefundable if the bed is reserved and the applicant chooses to terminate this agreement for any reason.

ADDITIONAL STIPULATION[S]

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

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

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

Client: (Print Name)	Client Signature	Date

Ministry Staff: (Print Name)	Ministry Staff Signature	Date

Do Not Write Below This Line - For Ministry Staff Only

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

Address: _____ City: _____ State: _____ Zip: _____