



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

## **Introduction**

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

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

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

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

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

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

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

God bless,

Robert Faulk  
Senior Pastor

# House of Mercy Clean & Sober Program Application

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

Name: \_\_\_\_\_ DOC #: \_\_\_\_\_ SSN: \_\_\_\_\_

Birthday: \_\_\_\_\_ ERD: \_\_\_\_\_ Max Date: \_\_\_\_\_

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

Institution Name: \_\_\_\_\_ Counselor: \_\_\_\_\_

**Eligible for DOC Voucher Program?**    Yes    No *(If no, explain how you intend to pay program fees.)* \_\_\_\_\_

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

**List the current charges first and then any previous criminal history:** \_\_\_\_\_

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**Sex offender level (If Applicable)** \_\_\_\_\_    **ISRB:**    Yes    No

**Security Threat Group**    Yes    No (STG, or Gang Affiliations)

**Do you have medical conditions:**    Yes    No **If yes, please describe:** \_\_\_\_\_

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**Do you have any history of mental illness:**    Yes    No **If yes, please describe:** \_\_\_\_\_

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**List all prescribed medication and the reason for those medications:** \_\_\_\_\_

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**Have you ever had a substance use disorder?**    Yes    No **If yes, describe:** \_\_\_\_\_

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

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Please include your written testimony with this application.

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 of the HOUSE OF MERCY church. Upon my acceptance into the Clean and Sober Program; I agree to comply with all the following terms of participation; failure to do so could result in my immediate termination.

## **Please read and initial each of the following stipulations;**

1. \_\_\_\_\_ I understand my participation is for a **minimum** of THREE MONTHS. (Long term residency is acceptable)
2. \_\_\_\_\_ I understand that if I am on the DOC Voucher program, once the vouchers expire, I will be required to move to a different house within the clean and sober program.
3. \_\_\_\_\_ I understand I may be moved to a different house within the clean and sober program at the discretion of Ministry Staff.
4. \_\_\_\_\_ I understand my clean and sober housing is contingent upon my active participation and compliance to all program stipulations contained herein and that Landlord/Tenant rights do not apply. I understand if I terminate or am terminated there will be no refund of Clean & Sober Housing Program Fees and I must leave the premises immediately upon request.
5. \_\_\_\_\_ I understand I may be terminated immediately for NON-PAYMENT AND/OR LATE PAYMENT OF PROGRAM FEES, INSUBORDINATION, A THREAT OF VIOLENCE, POSSESSION OF WEAPONS, PROPERTY ABUSE, LYING, STEALING, PORNOGRAPHY, OR BEING INVOLVED WITH ANY ILLEGAL ACTIVITY.
6. \_\_\_\_\_ I understand if I self-terminate or am terminated, I must take all my belongings with me. Anything left becomes the property of House of Mercy, and may be immediately disposed of, unless otherwise agreed upon -- in writing -- by leadership.
7. \_\_\_\_\_ **Under no circumstance are non-prescribed drugs, alcohol or THC to be on the premises, possessed or consumed.** The House Leader is to be informed of all prescribed drugs. Under no circumstances am I to give and/or share any prescribed drugs. Arrangements for possession and distribution are to be made with the House Leader.
8. \_\_\_\_\_ We do not accept anyone who is actively on opioid treatment i.e., MAT Program, Suboxone, Methadone, and Buprenorphine or any other similar narcotic-based drug.
9. \_\_\_\_\_ 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.
10. \_\_\_\_\_ I understand that overnight stays are permitted providing notification is given to the house leader 24 hours in advance. Additionally, I understand that I will be subject to drug testing upon return from any overnight stays.
11. \_\_\_\_\_ I understand there are to be no unapproved guests. I will seek approval from the House Leader prior to inviting guests onto the premises.
12. \_\_\_\_\_ I understand pets are not allowed; this includes service animals.
13. \_\_\_\_\_ I understand I will always consider the needs of others and strive to be a positive influence.
14. \_\_\_\_\_ I will maintain orderly & sanitary living conditions. If there is more than one occupant, all must share equally in maintaining these conditions. Cleaning responsibilities are to be agreed upon by those occupying the same living area. If agreement is not reached or the premises is not maintained in a neat, sanitary condition, the House Leader will assign duties so sanitary living conditions are maintained.
15. \_\_\_\_\_ I agree to maintain healthy hygiene practices to include regular shower, shaving and dental hygiene.
16. \_\_\_\_\_ I understand initial curfew will be 8:00 PM upon arrival and will be changed to 11:00 PM if compliant within 7 to 10 days, unless adjusted by the resident house leader or ministry staff
17. \_\_\_\_\_ I agree to provide a daily agenda if requested by my house leader.
18. \_\_\_\_\_ I agree to participate in all required program meetings. Any request to miss a required meeting must be approved in advance, by the house leader.

19. \_\_\_\_\_ I grant permission for the Department of Corrections and/or any other program/treatment provider/employer to release any and all records, to be reviewed by the House of Mercy leadership; to include, but not limited to mental health/therapy reports, financial and employer performance reports.
20. \_\_\_\_\_ I authorize the ministry leadership to confer with my CCO, employer, and/or any other treatment provider(s).
21. \_\_\_\_\_ I agree not to hold House of Mercy responsible for any injury occurring on or off properties owned, maintained, used, or leased by House of Mercy.
22. \_\_\_\_\_ I understand that 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.

### Program Fee Schedule

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

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

23. \_\_\_\_\_ I understand a **two-month deposit plus a \$95 non-refundable administration fee** is required upon acceptance to reserve bed space. If DOC denies the release address the deposit amount, less the administration fee, will be refunded. The first month's program fee is non-refundable if the bed is reserved and the applicant chooses to terminate this agreement for any reason. If you qualify for the DOC Housing Voucher, this does not apply.
24. \_\_\_\_\_ The \$95 Administration fee due at expiration of Voucher Payments, applies to King/Pierce/Whatcom Counties only.
25. \_\_\_\_\_ All Program Fees are due on the 1<sup>st</sup> of each month for the current month. The House of Mercy Clean & Sober Program 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 5<sup>th</sup> of the month is past due** and the On-Time Discount may be forfeited, and/or your program residency may be terminated.
26. \_\_\_\_\_ I agree to give House of Mercy leadership a 30-day written notice of my intent to move prior to vacating. In the event that I move prior to the 30 days, or fail to give notice, I will be responsible for the current month's program fees, if not paid, and will forfeit any paid program fees.

#### **ADDITIONAL STIPULATION[S]**

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

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

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

Client: (Print Name) \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Do Not Write Below This Line - For Ministry Staff Only**

Interview Date: \_\_\_\_\_ Approved (Y/N): \_\_\_\_\_ Program Entry Date: \_\_\_\_\_

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

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

Ministry Staff: (Print Name) \_\_\_\_\_ Ministry Staff Signature \_\_\_\_\_ Date \_\_\_\_\_