



*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 is all about. We offer life changing solutions for every kind of destructive behavior, mindsets, and addictions to those who apply the remedies offered. We accomplish this by fostering a culture of community, transparency & accountability in every one of our homes.

House of Mercy is a clean & sober housing provider, and we take individuals regardless of criminal background or belief system. We provide structure & support, as well as safe, stable, secure housing for individuals through faith-based programming. Our program will help one to maintain a successful recovery from all types of addictions by providing support. Our program 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.

We will review and 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: \_\_\_\_\_ 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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Client (Printed Name): \_\_\_\_\_

Clients Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Clean & Sober Housing Program Stipulations Agreement

I, \_\_\_\_\_, hereby acknowledge that House of Mercy is a faith based, clean and sober housing program. 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 participation is available)
2. \_\_\_\_\_ I understand that if I am on the DOC Voucher program, once the vouchers expire, I may be required to move to a different house within the clean and sober program or at the discretion of Ministry Staff.
3. \_\_\_\_\_ 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.
4. \_\_\_\_\_ I understand if I self-terminate or am terminated, I must take all my belongings with me within 48 hours. Anything left becomes the property of House of Mercy, and may be immediately disposed of, unless otherwise agreed upon in writing by HOM Administrative Staff.
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. \_\_\_\_\_ **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 HOM Staff and House Leader.
7. \_\_\_\_\_ 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.
8. \_\_\_\_\_ I consent to submit to urinalysis and/or breathalyzer tests, at the discretion of the HOM Staff or House Leader, to determine whether I am under the influence of illegal drugs and/or alcohol or THC 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 or put me on a revised set of stipulations. 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.
9. \_\_\_\_\_ I understand that overnight stays are permitted providing CCO approvals and notification given to the house leader 24 hours in advance. Additionally, I understand that I'm required to sign the Overnight Notification sheet and may be subject to drug testing upon return from any overnight stays.
10. \_\_\_\_\_ I understand there are to be no unapproved guests. I will seek approval from the House Leader prior to inviting guests onto the premises. At no time are minors allowed on the premises of our S/O designated housing. I also understand that sexual activity is not permitted on the premises.
11. \_\_\_\_\_ I understand pets are not allowed; this includes service animals.
12. \_\_\_\_\_ I will maintain orderly & sanitary living conditions. If there is more than one occupant in my room, 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.
13. \_\_\_\_\_ I agree to maintain healthy hygiene practices to include regular showers, hand-washing, and dental hygiene.
14. \_\_\_\_\_ I understand initial curfew will be 8:00 PM upon arrival and will be extended to 11:00 PM if compliant within 7 to 10 days, unless adjusted by the resident house leader or ministry staff. (Note: if your employer requires you to be working after 11:00 PM you are required to sign the Graveyard Notification Form.
15. \_\_\_\_\_ I agree to participate in all required program meetings. Any required meeting missed must be approved in advance, by the House Leader. For new arrivals in King County this includes the first 4 Sunday evening meetings.

16. \_\_\_\_\_ I understand that House of Mercy may request a release of information form from 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 staff; to include, but not limited to medical/mental health/therapy reports, financial and employer performance reports for purpose of making informed decisions regarding the client.
17. \_\_\_\_\_ 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.
18. \_\_\_\_\_ 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.
19. \_\_\_\_\_ I understand a one-month deposit 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
20. \_\_\_\_\_ 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.
21. \_\_\_\_\_ I agree to give House of Mercy Staff a **30-day written notice 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.
22. \_\_\_\_\_ I understand if I have an unpaid balance to HOM and do not make satisfactory payment arrangements, my account may be placed with an external collection agency. I will be responsible for reimbursement of the fee of any collection agency, which may be based on a percentage at a maximum of 35% of the debt, and all costs and expenses, including reasonable collection and attorney's fees incurred during collection efforts.
23. \_\_\_\_\_ In order for HOM or their designated external collection agency to service my account, and where not prohibited by applicable law, I agree that HOM and the designated external collection agency are authorized to (i) contact me by telephone at the telephone number(s) I am providing, including wireless telephone numbers, which could result in charges to me, (ii) contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide and (iii) methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable. Furthermore, I consent the designated external collection agency to share personal contact and account related information with third party vendors to communicate account related information via telephone, text, e-mail, and mail notification.
24. \_\_\_\_\_ I agree to abide by any additional stipulations as implemented by the HOM Staff.

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.

### **Program Fee Schedule**

<u>County</u>	<u>Program Fees*</u>
King/Whatcom.....	\$650.00
Pierce.....	\$700.00
Spokane.....	\$500.00
Yakima.....	\$500.00

*\*Fees are subject to change based on market rate change. Other program fee discount opportunities are available when clients are occupying overflow beds.*

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Client: (Print Name)

\_\_\_\_\_  
Client Signature

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Date