



*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 into 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,

HOM Staff

# House of Mercy Clean & Sober Program Application

County Applying For: ☐ King ☐ Pierce ☐ Whatcom ☐ Spokane ☐ Yakima ☐ Grays Harbor

## Men's Program

### RACE

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

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ ERD: \_\_\_\_/\_\_\_\_/\_\_\_\_ Max Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applied to HOM in the past? If yes, Month and Year \_\_\_\_/\_\_\_\_

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

- ☐ White ☐ Black or African American  
☐ American Indian / Alaska Native  
☐ Native Hawaiian/Pacific Islander  
☐ Asian ☐ Hispanic/Latino  
☐ Decline to answer

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 medications and the reason for those medications: \_\_\_\_\_

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Have you ever abused drugs or alcohol? ☐ 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): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# House of Mercy

## 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 Program, Policies and Pathways stipulations that we have created to ensure a stable and safe environment for participants.**

### Program Requirements

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 at the discretion of Ministry Staff.
3. \_\_\_\_\_ I agree to **participate in all required HOM program meetings**. Any required meeting missed must be approved in advance, by the House Leader/ Staff. For new arrivals to HOM, this includes the mandatory first 4 Sunday evening meetings, weekly house meetings, as well as the ELEVATE Orientation Class, and first week of Foundations classes (makeup meetings are available).
4. \_\_\_\_\_ I agree to **follow all HOM rules** (curfews, Chores, room standards, meetings, etc). Failure to do so will lead to additional stipulations implemented by HOM Staff. Failure to follow these additional stipulations can result in a discharge from the program.

### Program Policies

5. \_\_\_\_\_ 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.
6. \_\_\_\_\_ I understand if I self-discharge or am discharged, **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.
7. \_\_\_\_\_ I understand I **may be discharged 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**.
8. \_\_\_\_\_ **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.
9. \_\_\_\_\_ 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, discharge 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.
10. \_\_\_\_\_ 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.
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. 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.

12. \_\_\_\_\_ I understand **pets are not allowed**; this includes service animals.
13. \_\_\_\_\_ I understand that House of Mercy is **not ADA equipped** or Assisted Living Housing
14. \_\_\_\_\_ 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.
15. \_\_\_\_\_ I agree to maintain **healthy hygiene practices** to include regular showers, hand-washing, and dental hygiene.
16. \_\_\_\_\_ I understand that if I am **absent from HOM 72 hours or more without permission** I will be discharged from the program for abandonment.
17. \_\_\_\_\_ 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.
18. \_\_\_\_\_ 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.
19. \_\_\_\_\_ 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.
20. \_\_\_\_\_ All Program Fees are due on the 1st of each month for the current month. **Any payment received after the 5th of the month is past due, and a \$25 late fee** will be imposed.
21. \_\_\_\_\_ I understand if I'm put on a payment plan or get behind on my program fees, **I am required to take Financial Freedom classes**.
22. \_\_\_\_\_ I agree to give House of Mercy Staff a 30-day written notice prior to vacating. **If 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.
23. \_\_\_\_\_ 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**.
24. \_\_\_\_\_ I **authorize HOM and its collection agency to contact me** via phone, text, email, or mail using the information I provide, including automated methods. I also consent to the collection agency sharing my account details with third parties for communication purposes.
25. \_\_\_\_\_ I understand that **House of Mercy is not liable for any damage to my property**. This includes but is not limited to personal items such as electronic devices, cash, vehicle damage, or any other participant owned property. House of Mercy is not obligated to reimburse for any damages, or responsible for "making it right".

## **PATHWAYS:**

26. \_\_\_\_\_ I agree that if I receive **A MAJOR violation, or THREE MINOR VIOLATIONS in a 6 MONTH period, I will be required to complete House of Mercy's DIVERSION PATHWAYS (as follows) to remain in the program**.
27. \_\_\_\_\_ I understand that if I relapse (alcohol, drugs, pornography, etc.) that I will be required to attend the HOM class for Overcoming Addiction to continue in the program.
28. \_\_\_\_\_ I understand that if I get behind in my program fees (fees not paid in the month they are due, multiple pay plans, etc.) that I will be required to attend the HOM class for Financial Freedom.
29. \_\_\_\_\_ I understand that if I am able to work and still am unemployed or become unemployed after the 90-day mark, I will be required to attend the HOM class for Work Life skills. This may also include participating in or working for Redemption Services until employed.
30. \_\_\_\_\_ I understand that If I receive a major violation while in the program (multiple room issues, chores, hygiene or other stipulation fails) I will be required to attend the HOM class for Personal Development.

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>
Whatcom .....	\$650.00
King/Pierce .....	\$700.00
Grays Harbor .....	\$600.00
Spokane.....	\$600.00
Yakima.....	\$550.00

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

Client: (Print Name)

Client Signature

Date

MAIL, FAX, or EMAIL APPLICATION  
P.O. Box 4204, Federal Way, WA 98063  
FAX 206-878-8421  
Applications@HOMtransitions.org