

List all substances you have abused in the last three {3} years

Have you ever been to in-patient drug/alcohol treatment? Yes No When _____

Are you currently or do you plan on attending outpatient treatment? Yes No

If yes, where _____ How often do you attend? _____

How long have you been clean/sober? _____ Longest period clean/sober _____

Are you willing to work with a Recovery Coach? Yes No With Sponsor/Mentor? Yes No

Are you on a medication assisted recovery program? Yes No Medication _____

Doctor _____ Phone _____

Treatment Facility _____ Location _____

List all Prescription Medications

Please Check the Appropriate Boxes

Single Race	Multi-Race	Ethnicity (Select Only One)
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Black or African American and White <input type="checkbox"/> Other multiple races	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

1 understand and agree that to remain a participant of Superior Housing Solutions's program, I must be able to do the tour (4) following things (please Initial each line):

1. Attend four (4) life skills/spiritual meetings each week (AA, NA/Church) _____
2. Pass all drug and alcohol tests _____
3. Be employed or complete sixteen (16) hours of community service weekly _____
4. Follow all the rules, guidelines, and poUcles of Superior Housing Solutions. _____

Applicant Signature _____ Date _____

Agreement to Participate in Recovery Residence Program with Superior Housing Solutions

I, _____ (print name), understand and agree that this agreement requires me to enter a recovery program from drug and/or alcohol abuse with Superior Housing Solutions (SHS) a Michigan nonprofit corporation. SHS is a member of the Michigan Association of Recovery Residences, and the National Association of Recovery Residences and operates several recovery residences in the Upper Peninsula.

This agreement does not constitute a landlord-tenant or sublease relationship and Participant agrees to waive any claim, right or demand he would be entitled to if under any such relationship. The recovery program does provide Participant with a nonexclusive right to occupy a bedroom space with other members of the recovery program, provided Participant is in full compliance with all program rules and requirements as they may be amended from time-to-time, including but not limited to the requirement to pay all program fees in a timely manner. In the event Participant is expelled from the recovery program for any reason, he agrees to immediately remove himself and any personal property from the bedroom space and **authorizes SHS to immediately remove him and any personal property from the house.**

In the event Participant refuses to leave the bedroom space and/or the house after having been terminated from the program by SHS for any reason, including but not limited to the failure of Participant to pay program fees in a timely manner, Participant agrees that he may be removed from the bedroom space and the house by SHS or the police and that Participant may be arrested for violation of MCLA 750.552 (criminal trespass).

Participant's Initials-----

Participant understands and agrees that SHS operates Recovery Residences, which have a zero-tolerance policy for use and or consumption of alcohol or drugs, and that he may be immediately expelled from the program if the Participant chooses to use or consume alcohol or drugs. Participant agrees that the program of recovery residences, to be successful requires all program participants to comply with the programs rules and regulations. Participant agrees to be drug tested at any time by SHS representatives, with or without cause, and that Participant may be expelled from the program and must remove himself from the bedroom space and house upon failure of or refusal to submit to, a drug test or portable breathalyzer test, (P.B.T.) alcohol breath sample test

Notwithstanding anything contained herein to the contrary, in the event SHS brings an action for eviction of Participant from the bedroom space and house pursuant to MCLA 600.5701 et. seq. or a complaint for nonpayment of program fees, Participant agrees to pay to SHS its reasonable attorney's fees and costs, including but not limited to appeal or post-judgment collection actions.

Participant acknowledges having received and having read a current copy of SHS program rules and regulations, a copy of which is attached hereto as Exhibit A and Incorporated herein by reference. Participant agrees to abide by all such program rules and regulations, as they may be amended from time-to-time.

Participant acknowledges having received and completed a current copy of SHS's program application, incorporated herein by reference. Participant agrees that any false or misleading information supplied by the participant in the application shall constitute grounds for immediate termination from the program by SHS.

Participant has read, or alternately has had this agreement read to him, and understands everything written above and agrees thereto.

Participant Signature _____ Date _____

Participant Printed Name _____

SHS Signature _____ Date _____

Rules and Regulations

Exhibit A to Agreement to Participate

Participant agrees and understands to follow the rules and regulations set forth below.

Conduct and Rules

1. No alcohol and/or drugs, including the misuse of prescribed/over-the-counter drugs or other legal or illegal mind-altering substances.
2. No violence, physical or verbal abuse towards one's self, others, or property.
3. No weapons of any kind are allowed in the house or on the property.
4. No illegal activities or the breaking of any laws.
5. No pornography (written or electronic).
6. No gambling in any form.
7. Houses are Smoke Free. Smoking is allowed only in the designated area and cigarette butts must be disposed of in a safe container.
8. No animals or pets are permitted to live In the house without SHS approval.
9. No overnight absences from the house without permission from the Housing Director.
10. Participants may have one (1) vehicle on the property, which must be street-legal, licensed, insured, and parked in a designated area.
11. Participants must respect the privacy of the other program participants In the house, as well as being considerate of house guests and neighbors by keeping noise levels to a minimum.
12. No fire or open flame of any kind will be tolerated within the home,Including but not limited to cigarette lighters, candles, hot wax, incense, or heated air fresheners.
13. Participants must notify the House Manager, Housing Director, or Executive Director Immediately if 911 has been called for any reason.
14. Participants may not loan or borrow, from another participant, money, clothes,vehicles, bikes or other personal property.
15. No participant is allowed Into another participants room unless that participant is present
16. Use of the house phone or house computer is limited to 30 minutes.

Participant's Initials _____

Program Fees and Expenses

1. The program fees are due when you enter the program and each week at the house meeting. The week runs from Sunday to Saturday. There is not a reduced program fee for men who enter the program in the middle of the week, or refunds for men who leave the program in the middle of a week. The weekly program fee is currently \$125.00 per week and does not include food or toiletries.
2. In addition to the program fee, each man is expected to share in the common household expenses. These expenses normally run from \$10.00-\$20.00 per man each month and needs to be paid at the first house meeting of every month.

Participant's Initials _____

Housekeeping

1. The house, including all bedrooms, must be kept in a clean, orderly fashion.
2. Participants may have only one bag (i.e. backpack, suitcase, etc.) of clothes and toiletries.
3. Participants' rooms may be inspected at any time by a SHS staff member and will be at least once a week.
4. The yard and exterior are part of the property must be kept in a clean and orderly fashion, and up to community standards.
5. The house and any outbuildings must be kept locked. No locks may be changed or added without the permission of the Housing Director or Executive Director.
6. No alteration to the interior, exterior, or other part of the home is permitted. No appliances, including, but not limited to stoves, air conditioners, or space heaters may be brought into, or removed from the house without the prior approval of the Housing Director. All such appliances must be inspected for safety by the Housing Director or his designee, prior to bringing into the home.
7. Participants may not change or alter house thermostats. All adjustments of house thermostats must be done by a SHS staff member.
8. Participants may not move, rearrange, or remove any house or room furniture, audio/video equipment or appliances without the prior approval of the Executive Director or Housing Director.

Participant's Initials _____

Medications

1. Participants taking prescription drugs must store all medications in lock-boxes provided or approved by SHS. Any medication that may cause a participant to fail a drug screen must be approved in writing by the Housing Director.
2. SHS does not permit medical marijuana under any circumstances.
3. SHS may remove a participant if, in the sole opinion of the Housing Director or the Executive Director, either determines that the participant is over-medicated on prescription drugs or is prescribed a type or level of drugs which make it unsafe for him to live in the house.
4. Participants on medication assisted therapy (MAT) must sign a release allowing SHS staff to talk to the prescribing Physician. Participants who take medication(s) that are meant to substitute for their alcohol or drug addiction while in the program, such as Methadone and Suboxone, will require the prior written consent of the Housing Director or Executive Director to enter the SHS program.

Participant's Initials _____

Employment

1. Participants must be employed or actively seeking employment, unless disabled (having applied for or determined to be disabled by the Social Security Administration).
2. Unemployed participants must look for work several hours each day (e.g. 6 hours), at least five days per week. The minimum requirement is for two applications to be filled out and turned in to the prospective employer each day. Job-searching should be considered a "full-time" activity and a *Job Search* sheet must be filled in and handed in to the House Manager every day. Employment is a mandatory condition for the program.
3. All participants not employed full time will be required to do community service work 16 hours per week. The required time will be adjusted for part time employment if a participant cannot find a place to volunteer, SHS will assist them.

Participant's Initials _____

Recovery Plan

1. Participants must find a recovery program (groups like AA/NA and a church/spiritual group) and attend a combined total of four (4) meetings a week, starting the first month of being in the program. The four meetings can be a combination of spiritual-based and recovery-based groups. We encourage each man to find a sponsor and/or mentor and a home group within 60 days of entering the program.
2. Participants may be required to have a slip signed at AA/NA recovery meetings. If required, it cannot be signed by another SHS program participant. Church bulletins may be used as documentation of required attendance at spiritual meetings.

Participant's Initials _____

Guests

1. No guests and/or visitors are allowed in the house without the consent of a SHS staff member. Guests are only allowed in common areas and are not permitted to stay overnight without the prior written approval of an SHS staff member. The Housing Director must approve *all* house guests. This may include an interview with the guest(s). All house guests must remain supervised in common areas. The maximum time a guest may visit a participant (except in cases where the guest has received the prior written consent of the Housing Director) within a house is 2 hours.
2. No persons on probation or parole, other than program participants, are allowed in the house or on the property.
3. All guests must be sober. No intoxicated guests are allowed in the house.
4. The participant shall be financially responsible for any conduct by his guest causing damage to the house, the contents of the house, the participant, or the guest.

Participant's Initials _____

General

1. If a participant is on probation or parole, their agent will be notified if they leave the program, are terminated from the program, fail a drug test, are intoxicated, or break any laws while in the program.
2. When a participant moves out or is removed from the house, no other participant may tamper with or move the personal property of the removed participant without authorization from an SHS staff member.
 - a. If asked to pack up the personal property of a participant who has been removed, 1;wo (2) participants or an SHS staff member must be present. If a SHS staff member is not present during such packing, a written inventory of all packed personal property must be completed and signed by those responsible for packing the items.
3. The typical stay in the SHS program is in the range of 6 months to 3 years. All Participants must vacate the home after graduation. Upon graduation from the program, successful program graduates are encouraged to apply at that time to serve as mentors and sponsors; House Managers, or sit on the SHS Board of Directors.

Participant's Initials _____

The Guiding Rule

The most important rule is to remain clean and sober always: any violation of this rule may result in immediate removal from the program.

Participant Signature _____ Date _____

Print Name _____

Superior Housing Solutions, Inc.

Program Participant Waiver of Liability

All program participants must have a completed "Program Participant Waiver of liability" on file with Superior Housing Solutions. This waiver helps to keep our fees as low as possible and ensures that all participants fully understand the nature of Superior Housing Solutions housing.

PLEASE READ CAREFULLY; THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS!

The Release and Waiver of Liability executed on this date by (print name) _____ ("Participant") in favor of Superior Housing Solutions, a nonprofit corporation, its directors, officers, employees and agents (collectively "SHS").

The Participant desires to engage in the Superior Housing Solutions Program which includes program-based residence in a recovery residence provided and operated by SHS.

In consideration of participation in the Program, the sufficiency of which is hereby acknowledged, the Participant hereby freely, voluntarily and without duress, executes *this* Release under the following terms:

1. **RELEASE AND WAIVER:** Participant does hereby release and forever discharge and hold harmless SHS, its' successors and assigns from any and all liability, claims and demands of whatever kind or nature, whether in law or in equity, which arise or may hereafter arise by virtue of Participant's residence in an SHS home and engagement in activities that are a part of the SHS program.

Participant understands that this release discharges SHS from any liability or claim that the Participant may have against SHS with respect to any bodily injury, personal injury, illness, death or property damage that may result from Participants relationship with SHS and Participants residing in an SHS home, whether caused by negligence of SHS or its officers, directors, employees, agents or otherwise. Participant also understands that SHS does not assume any responsibility for or obligation to provide financial assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

2. **PROGRAM REQUIREMENTS:** Participant understands and agrees that:
 - a. He will only do work he feels comfortable doing and his skill level can do without injury to himself or others. He will not hold the landlord and/or homeowner liable for expenses related to injury because of work done on any of the Superior Housing Solutions, Inc. rental properties. He understands any work project or alteration to a home must be approved by the landlord, the Housing Director, or Executive Director..Inspection by a licensed installer of new installations will be the responsibility of the landlord if he/she feels necessary.
 - b. That SHS housing is provided to facilitate a lifestyle that is free from drugs, alcohol, crime and other subjects of addiction; that the introduction of addictive materials, intoxicated individuals, violence or criminality into a recovery residence poses a severe threat to the health and well being of other residents; and that Participant will be removed from the SHS Program and SHS Housing if it is determined that he is engaged in activities that pose a threat to the health and well being of other program participants; and that by signing this agreement, Participant acknowledges the understanding that he *will* be immediately removed from the SHS Program and SHS Housing upon finding that he has engaged in any form of substance abuse or any other activity that threatens the health, well-being and quiet enjoyment of fellow SHS Program participants.

3. **GOVERNING LAW AND VENUE:** Participant expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Michigan and that this Release shall be governed by and interpreted in accordance with the laws of the State of Michigan. Venue for any action brought by the undersigned against SHS shall be in Ottawa County, Michigan.

Participant Signature _____ Date _____

SHS Staff Signature _____ Date _____

Disposition of Participants Personal Property

I, _____ (print name) the undersigned, agree that in such case where I vacate the property for any reason or I am unable to take control of my personal property for a period of 24 hours, I authorize SHS to release all of my property to the following person after my absence or unavailability.

In the event the person named below is unavailable or unwilling to take immediate possession of such personal property, I authorize SHS to remove and store or dispose of such personal property at SHS's sole discretion. In the event SHS elects to store my personal property, I agree to pay SHS a storage fee equal to \$100 per month. In the event that such personal property remains unclaimed by me aftersaid 30 days, I authorize SHS to dispose of such personal property.

I understand that SHS is not a bailee, that SHS has no duty to store any of my personal property, and that SHS may dispose of my abandoned or unclaimed personal property in the nearest dumpster and I waive any claim I may have for such action by SHS

Participant Signature _____ Date _____

SHS Staff Signature _____ Date _____

Name of person authorized to remove and take full responsibility for my personal property			
Name _____			
Address _____			
City _____	ST _____	ZIP _____	
Phone _____	Relationship _____		
_____ Signature of person accepting the personal property		_____ Date	

Drug/Alcohol Use, Testing Policy & Agreement

The primary purpose of Superior Housing Solutions, Inc. (SHS) is to give our men a home environment that is ideally suited for successful recovery. When a participant chooses to use drugs and/or alcohol, he threatens the recovery of everybody in his home.

The number one rule for SHS participants is: No one may use alcohol and/or drugs, including the *misuse* of prescribed or over-the-counter drugs, and ALL mind-altering substances, whether legal or illegal, while in the program. The use of marijuana is strictly prohibited, even if a participant has a prescription. As such, we have a zero..tolerance policy for drug and alcohol use and any participant who violates this policy will be immediately removed from the program.

Participants who are over-medicated on prescription drugs or are prescribed a type-or level of drug, which makes it unsafe for him to live in the house, may be removed from the program.

Participants who take medication(s) that are meant to substitute for their alcohol or drug addiction, medication assisted therapy {MAT}, such as Methadone and Suboxone, will require the written consent of the Housing Director or Executive Director before _entering the SHS program. An applicant on MAT must sign a release allowing BMI staff to talk to the prescribing physician regarding the treatment.

Upon entering the SHS program, new participants will be required to undergo a drug screen. To be approved for entry into our program, this test must show a "negative" result for all drugs that are not prescribed by a physician.

Participants are subject to drug and alcohol testing at any time and for any reason. Once informed that an alcohol and/or drug test *will* be administered, participants must stay within the staff member's sight and follow all directions and instructions given.

Any participant who refuses to submit to a drug and/or alcohol test; receives an adulterated or substituted drug test result, or has a positive test result will be immediately removed from the SHS program. In addition, any participant who does not fully cooperate or follow directions in any way during the testing process, will be considered a refusal and his probation/parole agent will be notified.

By signing this form, I agree to follow the Alcohol/Drug Use and Testing Policy. I understand that if I refuse to submit to a drug and/or alcohol test; have an adulterated or substituted drug test result, do not follow the directions or instructions for testing, or have a positive test result, I will be expelled from the Building Men for life program immediately.

Participant Signature _____ Date _____

Participant Printed Name _____

Rights of Recipients of Substance Abuse Services

1978 Public Act 368 and Promulgated Rules

Recipient Rights Generally,

1. A recipient shall not be denied appropriate service on the basis of race, color, national origin, religion, sex, age, mental or physical handicap, marital status, sexual preference, or political beliefs.
2. The admission of a recipient to a treatment program or receipt of prevention services shall not result in the recipient being deprived of any rights, privileges, or benefits which are guaranteed to individuals by state or federal law or by the state or federal constitutions.
3. A recipient may present grievances or suggest changes in program policies and services to the program staff, to governmental officials, or to another person within or outside the program. In this process, the program shall not in any way restrain the recipient.
4. A recipient has the right to review, copy, or receive a summary of his or her program records, unless, in the judgment of the program director, such action will be detrimental to the recipient or to others for either of the following reasons:
 - a. Granting the request for disclosure will cause substantial harm to the relationship between the recipient and the program or to the program's capacity to provide services in general.
 - b. Granting the request for disclosure will cause substantial harm to the recipient. If the program director determines that such action will be detrimental, the recipient is allowed to review non detrimental portions of the record or a summary of the non detrimental portions of the record. If a recipient is denied the right to review all or part of his or her record, the reason for the denial shall be stated to the recipient. An explanation of what portions of the record are detrimental and for what reasons, shall be stated in the client record and shall be signed by the program director.
5. A program staff member shall not physically or mentally abuse or neglect or sexually abuse a recipient.
6. A recipient has the right to review a written fee schedule in programs where recipients are charged for services. Policies on fees and any revisions thereto shall be approved by the governing authority of the program and shall be recorded in the administrative record of the program.
7. A recipient is entitled to receive an explanation of his or her bill, regardless of the source of payment.
8. A recipient has the right to information concerning any experimental or research procedure proposed as a part of his or her treatment or prevention services and has the right to refuse to participate in the experiment or research without jeopardizing his or her continuing services. A program shall comply with state and federal rules and regulations concerning research which involves human subjects.

Treatment Programs; Specific Rights; Fingerprints

1. A recipient shall participate in the development of his or her treatment plan.
2. A recipient has the right to refuse treatment and to be informed of the consequences of that refusal. When a refusal of treatment prevents a program from providing services per ethical and professional standards, the relationship with the recipient may be terminated upon reasonable notice.
3. A recipient shall be informed if a program has a policy for discharging recipients who fail to comply with program rules and shall receive, at admission and thereafter upon request, a notification form that includes written procedures which explain all the following:
 - a. The types of infractions that can lead to discharge.
 - b. Who has the authority to discharge recipients.
 - c. How and in what situations prior notification is to be given to the recipient who is being considered for discharge.
 - d. The mechanism for review or appeal of a discharge decision. A copy of the notification form signed by

the recipient shall be maintained in the recipient's case file.

4. A recipient shall have the benefits, side effects, and risks associated with the use of any drugs fully explained in language which is understood by the recipient.
5. A recipient has the right to give prior informed consent, consistent with federal confidentiality regulations, for the use and future disposition of products of special observation and audiovisual techniques, such as 1-way vision mirrors, tape recorders, television, movies, or photographs.
6. Fingerprints may be taken and used in connection with treatment or research or to determine the name of a recipient only if expressed written consent has been obtained from the recipient.
7. Fingerprints shall be kept as a separate part of the recipient's records and shall be destroyed or returned to the recipient when the fingerprints are no longer essential to treatment or research.

Inpatient and Residential Programs; Specific Rights

1. A recipient has the right to associate and have private communications and consultations with his or her physician and attorney.
2. A program shall post its policy concerning visitors in a public place.
3. Unless contraindicated by program policy or individual treatment plan, a recipient is allowed visits from family members, friends, and other persons of his or her choice at reasonable times, as determined by the program director or according to posted visitors' hours. A recipient shall be informed in writing of visitors hours upon admission to the program.
4. To protect the privacy of all other recipients, a program director shall ensure, to the extent reasonable and possible, that the visitors of recipients will only see or have contact with the individual they have reason to visit.
5. A recipient has the right to be free from physical and chemical restraints, except those authorized in writing by a physician for a specified and limited time. Written policies and procedures which set forth the circumstances that require the use of restraints and which designate the program personnel responsible for applying restraints shall be approved in writing by a physician and shall be adopted by the program governing authority. Restraints may be applied in an emergency to protect the recipient from injury to self or others. The restraint shall be applied by designated staff. Such action shall be reported to a physician immediately and shall be reduced to writing in the client record within 24 hours.
6. A recipient has the right to be free from doing work which the program would otherwise employ someone else to do, unless the work and the rationale for its therapeutic benefit are included in program policy or in the treatment plan for the recipient.
7. A recipient has the right to a reasonable amount of personal storage space for clothing and other personal property. All such items shall be returned upon discharge.
8. A recipient has the right to deposit money, earnings, or income in his or her name in an account with a commercial financial institution. A recipient has the right to get money from the account and to spend it or use it as he or she chooses, unless restricted by program policy or by the treatment plan for the recipient. A recipient has the right to receive all money or other belongings held for him or her by the program within 24 hours of discharge.

Participant Signature _____ Date _____

Participant Printed Name _____