ROCKY MOUNTAIN SOBER LIVING GUEST APPLICATION
MEN'S SOBER LIVING

The RMSL application process.

1. To live in an RMSL home, please write a paragraph on why you feel a Sober living home will help you and what your plan for recovery is.
2. Complete the application.
3. Email both items to info@myrmsl.com
4. Once you have done so, we will set a meeting to meet the household for an interview.

Today's Date:	**Desired Move-In Date:**
Name:	**Phone:**
DOB:	**SSN:**
Email:	

Current physical address:		
Address:		
City:	**State:**	**Zip:**

Current mailing address (leave blank if same as Current:)		
Address:		
City:	**State:**	**Zip:**

Circle One: Do you Own or **Rent:** Monthly payment: $_____How long:_____

monthly gross income:$_____ **Are you receiving welfare: Yes / No**

Marital status: Married ⬜ | Separated | ⬜ Divorced ⬜ | Widowed ⬜ | Partnership ⬜ | Single ⬜

Level of education completed: H.S. ⬜ College ⬜ Grad school ⬜ Other ⬜

Are you a Veteran: Yes ⬜ No ⬜

Who referred you to us:

Transportation	
Do you have a valid driver's license:	Yes ⬜ No ⬜
Do you have a car: Yes ⬜ No ⬜	**Is it registered and insured**: Yes ⬜ No ⬜

EMERGENCY CONTACT

1. Name of a person not residing with you:	
Relationship:	**Phone:**
Address:	
2. Name of a person not residing with you:	
Relationship:	**Phone:**
Address:	
3. Name of a person not residing with you:	
Relationship:	**Phone:**
Address:	

OTHER INFORMATION

Please list hobbies and special interests:

What would you say your best characteristics are:

EMPLOYMENT
Current employer:
Address:
Phone:
Position:

Current work schedule: (Show hours)	
Sunday:	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	

List your last two employers:		
Company Name:	**Supervisor:**	**Contact Info:**

If unemployed what are your plans for getting a job:
Need More Room to write? Use the back.

Please list your vocational skills/specialized training or certifications:
Need More Room to write? Use the back.

LEGAL

Have you been arrested in the past 30 days:	Yes ⬜ No ⬜
If yes, explain: Need More Room to write? Use the back	

Have you ever been arrested or convicted for any of the following
⬜ Rape, ⬜ Murder, Violent Crime, or ⬜ Arson:
If yes Please Explain: Need More Room to write? Use the back.

Are you Required to Register as a Sex Offender:	Yes ⬜ No ⬜

Are you currently on probation or parole:	Yes ⬜ No ⬜
Probation Officer:	Phone:

Are you Mandated:	Yes ⬜ No ⬜

Are you experiencing legal problems (i.e. Court dates, warrants, active restraining orders)
Please describe:
Need More Room to write? Use the back

MEDICAL

Do you have a medical Doctor:	Yes ⬜ No ⬜
If yes, Name:	**Phone:**

Current Treatment Center:
Expected discharge date

Do you take any prescription medications: Yes ⬜ No ⬜	
1	**5**
2	**6**
3	**7**
4	**8**

Do you have any medical conditions or allergies:	Yes ⬜ No ⬜
If yes, please explain:	

RECOVERY AND SUBSTANCE USE

List drugs/alcohol you used addictively:	
1st	**Method of Use:**
Age of 1st use:	**Date of last use:**
2nd	**Method of Use:**
Age of 1st use:	**Date of last use:**
3rd	**Method of Use:**
Age of 1st use:	**Date of last use:**

Do you think you have a problem with alcohol: Yes / No
If yes, please explain:

Do you think you have a problem with drugs: Yes / No
If yes, please explain:

Primary addiction:	**Date of last use:**

When did you attend your last AA or NA meeting:
How many meetings have you attended in the last 30 days:

Do you already have a sponsor or a Recovery Coach: Yes ⬜ No ⬜	
Name:	**Phone:**

How long have you been clean/Sober:	
What is the longest you have gone substance-free:	

How many previous recovery attempts/relapses have you had:	

Do you have any other recognized addictions or disorders (i.e., Eating disorder, cutting): Yes ⬜ or No ⬜
If yes, please explain: Need More Room to write? Use the back.

Are you on any maintenance programs, and if so, which:
Do you anticipate any problems with this: Yes ⬜ No ⬜
If yes, please explain: Need More Room to write? Use the back.

What is your main goal at this time: Need More Room to write? Use the back.

Are you willing to do whatever it takes to recover from addiction/Alcoholism?
Yes ⬜ or No ⬜

Please list anything else you feel is relevant to this application on the back of the app.

I authorize the verification of the information provided on this form:

Signature: _____ Date: _____

RESIDENT RULES

Rocky Mountain Sober Living rules and Program descriptions help residents understand the expectations and benefits of the program. Residents will receive a copy of these guidelines upon admission. Rocky Mountain Sober Living Owner/Manager will review the rules and program description with the resident, and the resident will sign a copy of the rules indicating the review.

RULES AND REGULATIONS:

1. RMSL ask that you attend at least 5 live meetings per week 3 meetings are held weekly by house residents. We would like to see you hit 90 meetings in 90 days if at all possible as we believe that this is the way to change your life. They can be whatever recovery program you so choose. We provide a daily sign-in sheet for your record keeping. "House Meetings," which are held once per week.
2. House meeting attendance is mandatory, which means that you must arrange with your employer to attend these meetings.
3. For the first 15 days, overnights are not allowed. You are expected to notify staff when you plan to leave the residence and when you plan on returning. During this time you are expected to be working on your steps and attending peer support.
4. All overnights must be approved by Rocky Mountain Sober Living Owner/Manager in advance, and any inconsistencies in leave time are grounds for discharge.
5. Rent must be paid every Friday directly to Rocky Mountain Sober Living Owner/Manager for the following week and kept up to date without exception.
6. You must see Rocky Mountain Sober Living Owner/Manager at least one (1) time per week to discuss your recovery program-it does not count as a visit to discuss your program while paying rent unless Rocky Mountain Sober Living Owner/Manager chooses to do so.
7. You must be working towards your recovery.
8. You are required to be employed either part-time or full-time. You are not permitted to quit a job without first discussing it with your sponsor & the Rocky Mountain Sober Living Owner/Manager. Employment status will be verified periodically.
9. Your room must be kept neat, with your bed made at all times, rugs vacuumed, toilet cleaned, kitchen area clean, which means absolutely no glasses, dishes, or silverware, etc, left in the sink at any time, and any trash disposed of in a timely manner.
10. You will be assigned daily and weekend chores which will be a mandatory part of your stay at Rocky Mountain Sober Living.
11. All vehicles will have copies of current registration and insurance submitted to the Owner/Manager. Also, there will be no storage of vehicles, and no working on vehicles on the premises.
12. Bikes and other modes of transportation must be stored in the appropriate locations, and security for these are at your own risk.

Intial_____

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13. There are absolutely no visitors allowed on premises without prior approval from Rocky Mountain Sober Living Owner/Manager.
14. There will be no congregating outside the front of the home, no loud music or discussions, or inappropriate dress allowed. You are also required to attend to your daily hygiene needs.
15. No one is allowed in another resident's room. NO exceptions.
16. There is no sharing of clothes, personal property, loaning money, borrowing vehicles, or other modes of transport, by either staff or residents. Participant
17. You will be requested to submit to a drug and or alcohol test at any time, which may include either with cause or without.
18. All rooms are subject to inspections at any given time, and any room that does not pass inspection may cause all residents in that room to be discharged.
19. Smoking, Vaping, E-Cigarettes, or chew is not allowed in rooms or in the house. This is a zero-tolerance issue you will be removed from the residence. Smoking is only allowed in designated areas. Outback under the kitchen window.
20. Any cooking done by residents requires immediate cleanup.
21. Any delegation, directive, or request that is made by staff will then become a rule.
22. Any medical conditions and/or injuries must be brought to the attention of Rocky Mountain Sober Living Owner/Manager.
23. If there is an emergency, call 911, and then notify Rocky Mountain Sober Living Owner/Manager right away.
24. Any and all medications, including pain pills, psych meds, aspirin, Advil, cold, flu, sinus, etc, must be locked in your assigned locker at all times. You must let Rocky Mountain Sober Living Owner/Manager know what medicines you are taking. Rx and over-the-counter medications that have an unreadable label or expired will be disposed of. Also, failure to divulge any and all medications to Rocky Mountain Sober Living Owner/Manager will cause you to be discharged.
25. House shut downs will occur if chores are not done, the grounds and buildings are not cared for, rooms are not kept clean, or general attitudes are not in line with house etiquette. This will be done at the discretion of Rocky Mountain Sober Living Owner/Manager.
26. All rules and regulations are subject to additions and changes at Rocky Mountain Sober Living Owner/Manager discretion.
27. Rocky Mountain Sober Living has one washer and one dryer available to all residents to use. No clothes will be left in the machines or around the laundry room. The washer, the dryer, and the laundry room must be kept clean at all times. We suggest the practice of marking your clothing. The laundry schedule will be adhered to.
28. Absolutely no space heaters, open fires/flames (including candles and or incense) as well as unapproved additional lighting. Flameless candles are allowed to be used in Rocky Mountain Sober Living Home.

Intial_____

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29. Your curfew will be 10:30 PM on weekdays and 12:30 midnight on weekends. First offense you will be required to be home by 8 pm for one week thereafter. A second offence will result in removal from the home.
30. Overnights will be permitted once a week and must be approved by the House Manager. Permission for overnight changes or extensions must be approved by the House Manager. UA'S/breathalyzers will be given when you return from overnight at a cost of $5.00. This must be paid prior to taking an overnight pass and will be promptly administered upon your return the next day.
31. Out of respect to you and our other residents please observe the following: Please use headphones for your personal devices.
32. The laundry Schedule is as follows: Room 1 Monday, Room 2 Tuesday, Room 3 Wednesday, Room 4 Thursday and, Room 5 Friday: Weekends are first come first serve.
33. You will be issued a breathalyzer mouthpiece when you are accepted into the home. It is your responsibility to keep it safe in your locker. Lost mouthpieces will be replaced at a cost of $3.00 each.
34. The rates are as follows. Monthly $650.00 Weekly $155.00

Participant Signature:	Date:
Owners Of Home:	Date:

PARTICIPANT OFFICIAL CONTACT INFORMATION

Please list anyone with whom information regarding your participation, urinalysis testing, breathalyzer testing, and progress will need to be shared along with their telephone numbers and email addresses. General information will be communicated upon the request of people that you list on this page.

Probation Officer: _____ County/City: _____ Phone Number: _____ Email: _____	**Parole Officer:** _____ County/City: _____ Phone Number: _____ Email: _____
Caseworker: _____ County/City: _____ Phone Number: _____ Email: _____	**Treatment Provider:** _____ County/City: _____ Phone Number: _____ Email: _____
Other: _____ County/City: _____ Phone Number: _____ Email: _____	**Other:** _____ County/City: _____ Phone Number: _____ Email: _____

AUTHORIZATION TO RELEASE INFORMATION

Name of Resident:_____
I hereby request and authorize:
Rocky Mountain Sober Living 1716 E Yampa St, Colorado Springs CO 80909
Phone: 719-505-3467
To disclose to or obtain from:_____

The following types of information from my records (and any specific portion thereof):

❏ Medical history/Physicals
❏ Alcohol and drug abuse treatment record
❏ Laboratory reports
❏ Psychological evaluations
❏ Other_____
For the purpose of_____

All information I hereby authorize to be obtained from the agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for:

❏ Ninety (90) days unless otherwise an earlier period of time_____
❏ One (1) year
❏ The period necessary to complete all transactions on account related to services provided to me I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

Participant Signature:	Date:
Owners Of Home:	Date:

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WAIVER OF LIABILITY

I, _____, hereby waive Rocky Mountain Sober Living and the Owners, Joni Mastin & Mike Mattice, of any and all liability for personal injury resulting from negligent behavior, substance abuse, and any action that I take which might put myself at risk. I am also waiving liability for the theft of personal items. Rocky Mountain Sober Living will pursue legal action to recover stolen items should theft occur. However, at no time is Rocky Mountain Sober Living responsible for financial compensation or replacement of lost or stolen items. I am informed and understand that I am moving to a recovery living home where a group of adult men are working towards sobriety and responsible living. I understand that if I participate in creating a dangerous or otherwise negative environment for myself or other residents, I will be willfully terminating my right to live in this home.

Additionally, I will be forfeiting any right to immediate refunds or monies already paid to the home. At no time am I guaranteed a refund upon program termination. If an outside entity is supporting my financial obligations, any monies owed will be refunded to the entity. At no time will the money be handed to the terminated participant.

Participant Signature:	Date:
Owners Of Home:	Date:

RESIDENT FINANCES

The residents of Rocky Mountain Sober Living are responsible for their personal finances. This skill of appropriately handling one's own finances is vital and an everyday part of residing at Rocky Mountain Sober Living. Proper guidelines for residents:

1) Residents may maintain bank accounts and have funds that they either bring with them or are supplied by a third party (e.g. family or friend).

2) Residents may access their funds at their discretion for personal use or to pay Rocky Mountain Sober Living fees.

3) Rocky Mountain Sober Living Owner/Manager will send invoices via QuickBooks to keep track of residents' fees. Fees must be paid on a weekly or monthly basis determined by Rocky Mountain Sober Living Owner/Manager. Fees are $155.00 a week. Or $650.00 per month.

4) I understand and agree that there will be no refunds given for rents paid if I fail to adhere to the rules and am asked to leave for any rules violations.

Participant Signature:	Date:
Owners Of Home:	Date:

RECOVERY RESIDENCE FINANCIAL AGREEMENT

Resident Name:
Admission Date:
Residence address:

Recovery residence fees are:$155.00 per week or $650.00 per month. Fees include housing and utilities.

I understand that I may pay fees on a weekly or monthly basis. Fees are due every Friday before 7:00 pm. Or on the 1st of every month by 7:00 PM I understand that the period is Friday to Thursday. Or from the 1st through the last day of the month. In acceptance of the financial agreement with Rocky Mountain Sober Living, I agree that to qualify for Recovery residence, I must adhere to the rules and regulations and make my scheduled payments when they are due. I understand and agree that there will be no refunds given for rents paid if I fail to adhere to the rules and I am asked to leave for any rules violations. I further understand that failure to make payments when due may result in my discharge from Rocky Mountain Sober Living. Any unpaid account balance at the time of discharge is subject to the cost of collections and lawyers' fees if required.

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PROMISE TO PAY ACCOUNT

For and in consideration of services to be rendered, I promise to pay Rocky Mountain Sober Living all its charges rendered to me from admission to discharge. I understand that the total of such charges are due and payable according to this Financial Agreement.

Participant Signature:	Date:
Owners Of Home:	ate:

RESIDENT CONFIDENTIALITY AGREEMENT

The confidentiality of recovering persons is protected under Federal Law 42 CFR, which protects them from anyone outside of the residence having knowledge of their participation in the recovery residence without the resident's specific permission. No information regarding a resident of Rocky Mountain Sober Living may be released to anyone outside the program unless:

1. The resident has signed a consent form to that person/agency.

2. The court order is issued to Rocky Mountain Sober Living.

3. Medical personnel require the information in a medical emergency.

4. The resident threatens to harm him or someone else. Federal law does not protect a resident if they commit a crime against anyone at Rocky Mountain Sober Living. Also, Federal law does not restrict the sharing of information regarding reported child abuse/neglect to appropriate state and local authorities. These laws apply not only to Rocky Mountain Sober Living Owners/Managers, and volunteers of Rocky Mountain Sober Living but also the residents as well.

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I agree to not reveal to anyone outside Rocky Mountain Sober Living, the name, identity, or description of another resident. I also agree to not discuss the content of conversations or groups with anyone outside of Rocky Mountain Sober Living. This includes sharing at 12 step meetings. I agree to inform Rocky Mountain Sober Living Owner/Manager if any of my peers reveal any information about themselves or another resident that may be a cause for concern.

Residents Name (Printed)	
Residents Signature:	Date:

Credit Card Payment Authorization

You authorize Rocky Mountain Sober Living to charge your credit card. You will be charged the amount indicated below plus a credit card surcharge. A receipt for your payment will be provided to you and the charge will appear on your credit card statement. I agree that to qualify for Recovery residence, I must adhere to the rules and regulations and make my scheduled payments when they are due. I understand and agree that there will be no refunds given for rents paid if I fail to adhere to the rules and I am asked to leave for any rules violations. I further understand that failure to make payments when due may result in my discharge from Rocky Mountain Sober Living. Any unpaid account balance at the time of discharge is subject to the cost of collections and lawyers' fees if required.

I _____ authorize Rocky Mountain Sober Living LLC on behalf of my relative or friend _____ to charge my credit card account indicated below.

Please charge the monthly rate of $650.00 + Surcharge Initial Here:_____
Please charge the weekly rate of $155.00 + Surcharge Initial Here:_____

Billing Information

Billing Address:	
City, State Zip	
Phone:	**Email:**

Card Details ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Surcharge:	2%	2%	3%	4%

Cardholder Name: _____

Account/CC Numbe:r_____

Expiration Date: ____ /____ CVV:____ Zip Code _____

If the above-noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____

AA MEETING ATTENDANCE SHEET				
Residence Name:				
#	Group Name	Date	Time	Chair Signature
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