The Heart of Rectify:

Early recovery often finds us at a crossroads, where the weight of past choices has left us without a safe harbor. We recognize that starting over is difficult when your surroundings haven't changed. That is why we are here. Our goal is to provide a sanctuary free from the triggers of the past—a place where you can find new friends, a healthy support system, and the daily structure needed to master the tools of sobriety. Welcome to a community dedicated to your growth and your future.

Executive Director:

Rev. Sarah Montgomery
Email: pastorsarah@rectifychurch.org
Phone: 616.218.1556

Housing Director:

MT Carlson
Email: mcarlson@rectifychurch.org
Phone: 616.633.2924

Church Info:

Rectify Church
247 N. Main St.
Allegan, MI 49010
Phone: 616.218.1556
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www.rectifychurch.org

Rectify

Recovery Residence Application

Date _____ Desired Move in Date _____

Name _____
First Last MI

Date of Birth _____ SSN _____

Best Contact # _____ (Circle) Cell Home Work

Additional Phone # _____ (Circle) Cell Home Work

Are you employed? Yes No Employer Name _____

Employer Phone # _____ Monthly Income _____

Collecting SSI/SSDI? Yes No MDOC # _____

Probation/Parole Officer _____ Phone # _____

Are you willing to be part of Rectify's program and stay clean and sober? Yes No

Why do you want to live in a sober living house? _____

_____

Are you homeless? Yes No If no, what is your current address _____

_____

Relationship status? Single In Relationship Married Separated Divorced Widowed

Emergency Contacts

_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship

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 mentor? Yes No

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

Doctor _____ Phone _____

Treatment Facility _____ Location _____

List of all Prescription Medications
_____
_____
_____

I understand and agree that to remain a participant of Rectify's program, I must be able to do the four (4) following things (please initial each line):

1. Attend 3 life skills meetings each week (AA/NA, Spiritual Group, Counseling) _____
2. Pass all drug and alcohol tests _____
3. Be employed _____
4. Follow all the rules, guidelines, and policies of Rectify _____

Applicant Signature _____ Date _____

Agreement to Participate in Rectify Recovery Residence

I, _____ (print name), understand and agree that this agreement requires me to enter a recovery program from drug and/or alcohol abuse with Rectify Church, a Michigan nonprofit corporation. The agreement does not constitute a landlord-tenant or sublease relationship and the participant agrees to waive any claim, right or demand s/he would be entitled to if under such a relationship. The recovery program does provide participants with a non exclusive right to occupy a bedroom space with other members of the recovery program, provided the 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 the participant is expelled from the recovery program for any reason, she/he agrees to immediately remove her/himself and any personal property from the bedroom space and authorizes Rectify to immediately remove her/him and any personal property from the house.

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

Participant's Initials _____

Participant understands and agrees that Rectify operates recovery residences, which have a zero tolerance policy for use and or consumption of alcohol or drugs, and that she/he may be immediately expelled from the program if the participant chooses to use or consume alcohol or drugs. The participant agrees that in order for the program of recovery residences to be successful all program participants are required to comply with the program rules and regulations. Participant agrees to be drug tested at any time by a Rectify representative, with or without cause, and that participant may be expelled from the program and must remove her/himself from the bedroom space and house upon failure of, or refusal to submit to, a drug test, portable breathalyzer test, or (P.B.T.) alcohol breath sample test.

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

Participant acknowledges they have received and read a current copy of Rectify‘s program rules and regulations, a copy of which is attached hereto as exhibit A and is 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 Rectify‘s program application, incorporated herein by reference. Participant agrees that any false or misleading information supplied by participant in the application shall constitute grounds for immediate termination from the program by Rectify.

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

Participant Signature _____ Date _____

Participant Printed Name _____

Rectify Representative Signature _____Date _____

Wellness Recovery Action Plan

What is your overall recovery wellness goal?

_____
_____
_____
_____
_____

How are you going to reach that goal?

_____
_____
_____
_____
_____

Who else might be involved?

_____
_____
_____

Rules and Regulations
Exhibit A to Agreement to Participate

Participant agrees and understands 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 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 areas and cigarette butts must be disposed of in a safe container. Littering will not be tolerated.
8. No vaping in the house.
9. No animals or pets are permitted to live in the house. No exceptions.
10. Participants must abide by house curfew, which is 11PM - 6AM unless there are extenuating circumstances.
11. No overnight absences from the house without permission.
12. Participants may have one vehicle on the property, which must be street legal, licensed, insured, and parked in a designated area.
13. Participants must respect the privacy of the other program participants in the house, as well as be considerate of houseguest and neighbors by keeping noise levels to a minimum.
14. 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.
15. Participants must notify the housing director, house manager, or executive director immediately if 911 has been called for any reason.
16. Participants may not loan or borrow money, clothes, vehicles, bikes or other personal property from any participant.
17. No participant is allowed into another participant's room unless that participant is present.
18. Use of the house phone is limited to 30 minutes.
19. Participants will complete daily chores.
20. No food allowed in bedrooms. Water only.

Participants initials _____

Program Fees and Expenses

1. Program fees are due when you enter the program and each week thereafter. The week runs from Monday to Sunday, and fees are due on Sundays. The weekly program fee is $125 per week and does not include food or toiletries. Exceptions to this policy will be at the discretion of the Executive Director or Housing Director.
2. In addition to the program fee, each participant is expected to share in the common household expenses.

Participants initials _____

Housekeeping

1. The house, including all bathrooms, 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. Participant's rooms may be inspected at any time by a Rectify representative and will be inspected at least once a week. The yard and exterior are part of the property and must be kept clean and orderly and up to community standards. Participants are responsible for yard maintenance.
4. 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.
5. No alterations may be made to the interior, exterior, or other parts of the home. No appliance is permitted to be brought into the home, including, but not limited to stoves, air conditioners, or space heaters. They may not 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 their designee, prior to bringing them into the house. Participants may not change or alter house thermostats. All adjustments of house thermostats must be done by a Rectify representative.
6. 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.

Participants initials_____

Medications

1. Participants taking prescription drugs must store all medications in a lockbox that is provided or approved by Rectify. Any medication that may cause a participant to fail a drug screen must be approved in writing by the housing director.

2. Rectify does not permit medical marijuana under any circumstances.
3. Rectify may remove a participant if in the sole opinion of the case manager or the executive director it is determined that the participant is overmedicated on prescription drugs or is prescribed a type or level of drugs which make it unsafe for her/him to live in the house.
4. Participants on medication-assisted therapy (MAT) must sign a release allowing Rectify‘s staff to talk to the prescribing physician. Participants who take medication that are meant to substitute for their alcohol or drug addiction while in the program, such as Methadone or Suboxone, require prior written consent of the housing director or executive director to enter the Rectify program.

Participants initials _____

Employment

1. Participants must be employed or actively seeking employment, unless receiving disability from the Social Security administration. If receiving disability compensation, participants are required to volunteer within the community.
2. Unemployed participants must look for work each day 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 progress will be reported to the case manager every day. Employment is a mandatory condition for the program.

Participants initials _____

Recovery Plan

1. Participants will attend a minimum of three meetings a week that will help their growth and life skills (i.e. AA/NA, church/spiritual group, counseling) starting the first week of being in the program. The three meetings can be a combination of spiritual-based and recovery-based groups.
2. Participants will utilize case management services.
3. Participants may be required to have a slip signed at AA/NA recovery meetings. If required, it cannot be signed by any other Rectify program participant. Church bulletins may be used as documentation of required attendance at spiritual meetings.

Participants initials _____

Guests

1. No guests and/or visitors are allowed in the house without the consent of a staff member. Guests are only allowed in common areas and are not permitted to stay overnight.
2. No persons on probation or parole, other than program participants, are allowed in the house or on the property except for during authorized group meetings.
3. All guests must be sober. No intoxicated guests are allowed in a house or on the property.
4. The participant shall be financially responsible for any conduct by their guest causing damage to the house or the contents of the house.

Participants 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 a staff member.
    a. If asked to pack up the personal property of a participant who has been removed, two (2) participants or a staff member must be present. If a 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. Successful program participants are encouraged to apply to serve as mentors, sponsors, or House Managers.

Participants initials _____

The Guiding Rule

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

Participant Signature _____ Date _____
Participant Printed Name _____
Rectify Representative Signature _____Date _____

Program Participant Waiver of Liability

All program participants must have a completed “program participant waiver of liability” on file with Rectify. This waiver helps to keep our fees as low as possible and ensures that all participants fully understand the nature of Rectify 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 Rectify Church, a nonprofit corporation, it’s directors, officers, employees and agents (collectively Rectify).

The participant desires to engage in the Rectify program which includes program-based residence in a recovery residence provided and operated by Rectify Church.

In consideration of participation in the program, the sufficiency of which is hereby acknowledged the participant hereby freely, voluntarily and without duress, execute this release under the following terms:

Release and waiver: participant does hereby release and forever discharge and hold harmless Rectify, is successors and assigns from any and all liability, claims and demands of whatever kind or nature, whether in law or equity, which arise or may hereafter arise by virtue of participants residence in a Rectify home and engagement and activities that are part of the Rectify program.

Participant understands that this release discharges Rectify from any liability or claim that the participant may have against Rectify with respect to any bodily injury, personal injury, illness, death or property damage that may result from participants relationship with Rectify and participants residing in a Rectify home, whether caused by negligence of Rectify or its officers, directors, employees, agents or otherwise. Participant also understands that Rectify 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.

Program requirements: participant understands and agrees that:

She/he will only do work she/he feels comfortable doing and her/his skill level can do without injury to her/himself or others. She/he will not hold the landlord and/or homeowner liable for expenses related to injury because of work done on any of the Rectify properties. She/he understands any work project or alteration to a home must be approved by the housing director

or executive director. Inspection by a licensed installer of new installations will be the responsibility of the homeowner if she/he feels it's necessary.

Rectify 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 Rectify program and Rectify housing if it is determined that she/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 she/he will be immediately removed from the Rectify program and Rectify housing upon finding that she/he has engaged in any form of substance abuse or any other activity that threatens the health, well-being and quiet environment of fellow Rectify program participants.

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 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 Rectify shall be in Allegan County, Michigan.

Participant Signature _____ Date _____

Participant Printed Name _____

Rectify Representative Signature _____Date _____

Disposition of Participant's 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 Rectify 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 Rectify to remove such personal property at Rectify's sole discretion. In the event, such personal property remains unclaimed by me after three days, I authorize Rectify to dispose of such personal property.

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

Participant Signature _____ Date _____

Participant Printed Name _____

Rectify Representative Signature _____ Date _____

Person authorized to remove and take full responsibility of my personal property:

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Relationship _____

_____

Signature of person accepting the personal property Date

Drug/Alcohol Use, Testing Policy & Agreement

The primary purpose of Rectify is to give our women and men a home environment that is ideally suited for successful recovery. When a participant chooses to use drugs and or alcohol she/he threatens the recovery of everybody in the home

The number one rule for Rectify 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 overmedicated on prescription drugs or are prescribed a type or level of drug, which makes it unsafe for her/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 or Suboxone, will require the written consent of the case manager or executive director before entering the Rectify program. An applicant on MAT must sign a release allowing Rectify staff to talk to the prescribing physician regarding the treatment.

Upon entering the Rectify 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 adulterated or substituted drug test results, or has a positive test result will be immediately removed from the Rectify 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 her/his probation/parole agent will be notified.

By signing this form, I agree to follow the alcohol/drug use in 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 Rectify program immediately.

Participant Signature _____ Date _____

Participant Printed Name _____

Rectify Representative Signature _____Date _____

Participant Emergency Medical Information

Date _____ House Address: _____

First Name _____ Last Name _____ MI ___

Nick Name: _____ DOB (MM/DD/YYYY) _____

Medical Conditions (Circle all that apply)

Diabetes Heart Disease Heart Failure Stroke Asthma COPD Arthritis Cancer

High Blood Pressure Liver Disease Other (please specify) _____

Are you currently being treated for a mental health issue other than addiction? Yes No

If Yes, explain mental health diagnosis _____
_____
_____

Allergies (food, medication, and/or environmental) _____
_____
_____

Current Treating Physicians:

Name _____ Phone _____ Specialty _____
Name _____ Phone _____ Specialty _____
Name _____ Phone _____ Specialty _____

Emergency Contacts:

Name	Phone	Relationship
Name	Phone	Relationship

Current Medications (names and daily dose amount): _____

_____

_____

Major Surgeries and Dates (mm/yy): _____

_____

_____

Drug(s) of Choice:

What is your primary drug(s) of choice? _____

Other drugs used: _____

_____

_____

Insurance Coverage (company name only): _____

Additional Information (list any other information that you think would be helpful):

_____

_____

_____

_____

_____