

A NEW HOPE FOR TUCSON FOUNDATION SOBER-LIVING AGREEMENT

I, _____, certify by my signature on this document that I understand and acknowledge that A New Hope for Tucson Foundation (“New Hope” hereafter) is an alcohol- and drug-free shared housing property managed by A New Hope for Tucson Foundation, Inc. If accepted into the program and for as long as I remain in the program I expressly understand that I shall reside in the standing of a lodger sharing a housing unit and not as a tenant with rights or exclusive possession of space.

I. Legal History

1. Are you currently on parole?

Yes No If yes, we cannot accept you into our program.

2. New Hope does not accept persons with a history of arson, sex-offenses, animal abuse, or those on methadone-maintenance. Do any of these apply to you?

Yes No

3. Are you currently on probation or have any pending court cases? If yes, answer questions 3-6. If no, skip to the next section II.

Yes No

4. Describe any offenses for which you are on probation and note any court dates pending. Use an additional sheet and attach if necessary.

5. What type of probation are you subject to (IPS, level etc.)

6. Do you have a community service requirement (depending on availability, community service may be performed on-site)?

Yes No

7. Enter the date on which you will be released (MM/DD/YYYY): _____

8. List your probation officer (PO) contact information:

PO Name: _____

Office Address: _____

Phone (indicate desk or mobile): _____

Fax (optional): _____

Email (optional): _____

II. Substance Abuse History – Complete if applicable.

1. What is your drug of choice (include alcohol)?

2. Do you agree to attend a minimum of three 12-step Meetings (AA, CA, CMA, Smart Recovery etc.) per week? A verification form to be completed by the meeting chairperson will be provided and submitted by the resident weekly.

Yes No

3. Urine analyses may be performed randomly or if you are suspected of drug or alcohol use. Do you agree so submit to U.A. analysis as required and acknowledge that you will be charged \$15.00 per U.A. test?

Yes No

III. Employment

1. I understand and acknowledge that full-time employment is a requirement for resident status at New Hope? (Exceptions will be made for the disabled or those on SSI on a case-by-case Basis).

Yes No

2. I am willing to submit a job-search progress-report on a weekly basis and that, until I secure employment, a minimum of three contacts per day are required, which may be verified by New Hope.

Yes No

3. I understand and acknowledge that failure to secure employment within a reasonable period of time will result in termination from the program. “Reasonable” will be determined by New Hope based on the verifiable effort made based on the weekly job-search progress-reports.

Yes No

4. I have a source of income to pay my program-fees while searching for a job (for example: family assistance, organizations such as Project Home, Cope or CODAC).

Yes No

If yes, please describe type of assistance and amount:

IV. Important House Rules:

1. All new residents will abide by a 6:00 p.m. curfew for the first thirty days. I will abide by normal curfew hours: 10:00 p.m. on weekdays and 12:00 a.m. on weekends for those that are employed; 6:00 p.m. every day for those not working. New Hope will approve any exceptions and particularly accommodate exceptions due to work schedules.
2. New Hope will assign weekly chores and I acknowledge that completion of my chore is mandatory and failure to do so may affect my residence status.
3. I understand that harassment of any kind either verbal or physical toward another resident or New Hope staff-member will not be tolerated and will result in my immediate termination from the program without exception.
4. I understand that the object of entering the program at New Hope is *change*. I understand that any behavior that can be discerned by New Hope staff as gang-related, criminal, offensive, or judged as "street behavior" will result in my termination.
5. I acknowledge that, if I chose to leave or am terminated from the program, New Hope does not have an obligation nor the facilities to store any personal belongings I may leave behind and that any such belongings will be donated or disposed of 72 hours after my departure or termination.
6. Every resident is expected to clean up after himself and keep his area neat and orderly. Residents will do their own dishes and clean up the kitchen after preparing meals. I understand this and realize that failure to do so will result in disciplinary action, such as withdrawal of privileges or possible termination from the program.
7. I acknowledge that I must sign in and out and in the house-book if I leave the premises for any reason.
8. I understand that, as of August 1, 2009, program fees of \$105.00 are due each Saturday if on a weekly payment plan and program fees of \$450.00 are due on the first of the month if on a monthly plan. I also understand that I am required to pay a fee for a monthly bus pass if needed (currently \$12.00), a monthly food bank fee (avg. \$5.00 but may vary) and any charges for urine analyses (\$15.00 each) as necessary. Fees are subject to change at the discretion of New Hope.
9. I understand that failure to report by evening curfew for 48 hours without contacting New Hope with a reasonable explanation will result in termination from the program and forfeiture of any program fees paid to New Hope.
10. I understand that program fees are non-refundable. Emergency situations that cause a resident to leave the program will be examined on a case-by-case basis and a pro-rated refund may be granted.
11. I acknowledge that the program requires a minimum 90-day commitment and that two weeks' notice is required for voluntary termination from the program.

V. Meals, Health, Personal Hygiene and Toiletries

1. I understand that I will supply my own food and prepare my own meals. I may use food bank items supplied by New Hope but realize that food bank items will not be my primary source for meals. I realize that food bank items must be fairly shared by all residents.
2. I understand that residents will maintain their personal hygiene and appearance and will shower daily. Failure to do so will result in termination from the program.

 Yes No
3. By my signature below I certify that the answers, statements, and/or information I provide on the preceding pages are true and accurate. I acknowledge that any false statements given or omissions of material fact may result in termination from the program.

Resident Signature: _____ **Date :** _____

Resident Name (please print): _____

New Hope Signature: _____ **Date:** _____

New Hope Representative's Name (please print): _____