



Hello,

We are so grateful to have received your request to join us at open Door Recovery House. Please be advised, it is **your responsibility** to keep in contact with us a **minimum** of once a month or we will assume you are not interested.

We have found it necessary to inform all who consider residency with us that **we are not** a half-way house. If this stipulation is required by your situation, you will need to complete that requirement before coming to us.

Open Door is a faith-based, sober living house. We are small with only seven beds. Your application will be prayerfully considered by our selection committee.

We will be in touch with you or your emergency contact if you are approved. After approval, you will be placed on our waiting list and asked to check in with us on a regular basis.

Please be aware this process could take some time because our selection committee only meets every six weeks.

Peace be with you,

Paula M. Mays -Hall

Paula M. Mays-Hall
Executive Director
Open Door Recovery House

Trust in the Lord with all your heart; do not depend on your own understanding. Seek his will in all you do , and he will show you which path to take. Proverbs 3:5-6 (NLT)



CRITERIA:

Applicant must be female 18 years or older.

Applicant must have a problem with alcohol and/or other drugs.

Applicant must contact the house for interview, expressing the desire to make a change and commit to at least 30 days.

Applicant must be medically stable and ambulatory.

Applicant must be at least seven (7) days clean from alcohol/and other drugs.

Applicant must agree to abide by the house rules, participate in daily schedule and rotate responsibility for household chores.

Applicant must have a strong commitment to change and create a recovery network.

Applicant must be willing to seek employment and work toward independent living.

Please complete the following required documents for review during the interview:

- 📎 Application For Residency
- 📎 House Rules
- 📎 Release of liability waiver
- 📎 Psycho-social Questionnaire

Return completed and signed documents via email to myopendoor@opendoorrecovery.net or fax to 830-693-7711

Thank you,

Paula Mays
Executive Director



Application for Residency

Date: ____ / ____ / ____ Time: ____:____ A.M. - P.M.

Name: (L) _____ (F) _____ (M) _____

Phone#: _____ County of Residence: _____

Email: _____ @ _____ Referred by: _____

DOB: ____ / ____ / ____ Age: ____ Height ____ Weight: ____

Forms of Identification: (circle) ID Driver's license Birth Certificate Voter's Registration

Year/Make/Model of car: _____ Plate: _____

Employer: _____ How long? _____

When was the last time you used any alcohol or drugs? ____ / ____ / ____

What was it? _____ Drug of choice: _____

Are you pregnant? _____ Date of last period: _____

Medical problems: _____

What medications are you taking? _____

What is it for? _____

Person to notify in case of an emergency: _____

Phone: _____ Relationship: _____

How many children do you have? _____ Who is taking care of them? _____

Do you have a CPS Worker? ____ Caseworker name and #: _____

Are you on probation or parole? ____ PO's name and #: _____

Any outstanding warrants or court dates? _____ When? _____

I understand that the Open Door Recovery House requires an initial 30-day commitment and I will be evaluated for additional time. I also understand if I falsify any information in this application, I will forfeit my standing and eligibility for residence with Open Door Recovery House.

Applicant Signature / Date

Volunteer / Staff Signature / Date



Feb 2014

PSYCH-SOCIAL QUESTIONNAIRE

This questionnaire is designed to provide us with information to better assist you. Please answer each question as completely as you can. Feel free to add comments on the back.

PLEASE PRINT

Date: _____ / _____ / _____

Name: (Last) _____ (First) _____

PRESENTING PROBLEM

What brings you to the Open Door Recovery House at this time? _____

PERSONAL ALCOHOL/DRUG HISTORY

Circle		Drug	Route	Age of first use	Describe average use			
					Amount	Day	Week	Last used
Yes	No	Alcohol						
Yes	No	Marijuana						
Yes	No	Crack/Cocaine						
Yes	No	Methamphetamine						
Yes	No	Heroin						
Yes	No							
Yes	No							

PERSONAL ALCOHOL/DRUG TREATMENT HISTORY

How many times have you been treated for alcohol and other drug use? _____
 Inpatient _____ Outpatient _____ Last time was? _____
 Explain: _____

 Attend 12-Step Meetings? Yes No AA NA CA
 How many meetings did you attend a week? _____ Did you have a sponsor? Yes No
 How often did you speak with your sponsor? _____
 What was your impression of the meetings you attended? _____

EDUCATION / EMPLOYMENT

Describe your education: (Circle all that apply) College HS GED Last Grade Completed: _____

Completed any vocational training? _____ What Field _____

Are you currently employed? _____ Where? _____

Describe your employment history: _____

What are your goals for education and/or employment? _____

LEGAL HISTORY

Are you currently on probation or parole? (circle one) Yes No County: _____

Officer's name and contact number: _____

Charge: _____

Sentence: _____

Please indicate how many times you have been arrested for the following:

_____ DWI / DUI

_____ Theft

_____ Public Intoxication

_____ Burglary

_____ Possession of a Controlled Substance

_____ Assault

_____ Possession with intent to deliver

_____ Arson

_____ Manufacturing

_____ Homicide/Manslaughter

_____ Prostitution

_____ Fraud

Other: _____

Any pending charges or court dates? Yes or No Explain: _____

Personal Medical History

Primary Care Physician: _____

Date of Last Doctor's Visit: _____ Explain: _____

Are you currently being treated for any physical problems? (Circle one) Yes No

Explain: _____

Please list all medications you are currently taking: _____

Are you pregnant? _____ Date of last period: _____

Allergies (specify): _____

Hospitalizations (most recent)

Year	Where	Diagnosis

Marital / Family History

Are you currently: (circle) Single Dating Married Separated Divorced Widowed

How long have you been in the above arrangement? _____

Children

Name	Age	Sex	Who is caring for the children?

Describe your relationship with your spouse / significant other: _____

Describe your relationship with your children: _____

Describe your relationship with the following people:

Father: _____

Mother: _____

Siblings: _____

Describe your support system (family, friends, church, support groups, etc.)

Spiritual Status

How would you describe your relationship with a Higher Power? _____

Describe your religious background: _____

Are you interested in spiritual counseling? If so, do you have a religious preference? _____

Other Concerns and Information

Applicant's signature

Date

Reviewed by

Date



**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS
AND INDEMNITY AGREEMENT**

**WARNING! BY SIGNING THIS DOCUMENT, YOU GIVE AWAY IMPORTANT LEGAL RIGHTS!
INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!**

Name: _____ (L) _____ (F) _____ (M)

Date of Birth: ____ / ____ / ____ Age: _____ Phone: _____

Person to notify in case of emergency: _____

Phone: _____ Relationship: _____

DISCLAIMER CLAUSE

Open Door Recovery House (also referred to as House), their officers, directors, employees, volunteers, members and representatives are not responsible for any injury, loss or damage of any kind sustained by any person while participating in the House as a resident, including injury, loss or damage which might be caused by the negligence of the Open Door Recovery House.

ASSUMPTION OF RISKS

In consideration of my participation in the House, I acknowledge that I am aware of the possible risks, dangers and hazards associated with my participation in the House, (including the risk of severe or fatal injury to others or myself). These risks include but are not limited to the following:

- a) The possibility of bodily injury (broken bones and soft tissue damage) including dental damage from falling down, injuries incurred while getting on or off (in or out of) the mode of transportation being used for the event, being knocked down or being involved in a physical confrontation whether caused by myself or someone else;
- b) The risks associated with returning to my residence;
- c) Intoxication and / or alcohol and drug poisoning from the alcohol or drug I consume, under any circumstances.

INDEMNIFICATION AND RELEASE OF LIABILITY

In return for Open Door Recovery House allowing me to voluntarily participate in the House and related activities, I agree:

- 1. **TO ASSUME AND ACCEPT ALL RISKS** arising out of associated with or related to my participating in the House, even though such risks may have been caused by the negligence of Open Door Recovery House.
- 2. **TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE** which I might sustain while participating in the House, even though such injury, loss or damage may have been caused by the negligence of the Open Door Recovery House;
- 3. **TO HOLD HARMLESS AND INDEMNIFY THE OPEN DOOR RECOVERY HOUSE:**
 - a) From any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my participation in the House and all related activities; and
 - b) From any and all claims, demands, actions and costs which might arise out of my participating in the House, even though such claims, demands, actions and costs may have been caused by the negligence of Open Door Recovery House.

ACKNOWLEDGEMENT

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily and that this agreement is binding to myself, my heirs, executors, administrators and representatives in the event of my death or incapacity.

Signed this _____ day of _____, 20_____, in Marble Falls, Texas.

Signature of Participant

Printed Name of Participant

Signature of Volunteer / Staff

Printed Name of Volunteer / Staff



Open Door Recovery House Rules

1. Alcohol and Non-Prescribed Drugs Policy

- We have a **zero tolerance policy** against the use or possession of alcohol, illegal drugs, non-prescribed drugs, or any drug paraphernalia.
- Any resident who is found to have used, is under the influence, or in possession of alcohol or illicit drugs, will be required to move out immediately. **ALL RESIDENTS ARE SUBJECT TO RANDOM DRUG SCREENS and/or ROOM/CAR SEARCHES. These searches will include a thorough search of the room (closet, containers, boxes, etc.), car (glove box, side door pockets, trunk, etc.), and also your locker.**
- We also have a zero tolerance policy when it comes to the use of ANY of the Energy Drinks. This includes such drinks as 5 Hour Energy, Munster, Red Bull or ANY of the other energy stimulating drinks sold.
- Associating or contact with any person, place or thing involving alcohol and/or drugs is not allowed.
- Under no circumstances shall a resident who is under the influence of any of the above illegal substances be allowed in the house. Management will pack their bags for them and they will be required to leave. The former resident, when sober, can contact the office and arrange to retrieve personal property.

2. Prescription Drug Policy

- All prescription and over-the-counter medications being taken must be disclosed to management.
- It is the residents' responsibility to notify management when there is a change to their medications.
- If a resident is on prescription medication, the resident must continue taking that medication to stay in the house.
- Prescription medications must be taken in the dosage and frequency as prescribed.
- Abuse of medication will be considered a relapse.
- Taking or possessing prescription drugs that are prescribed to someone else is prohibited, and the use thereof will be considered a relapse.

3. Violence

- Violence or threats of violence will result in eviction.
- Arguments between residents are also prohibited.
- Yelling, cursing, and disruptive behavior is strictly prohibited. Any disagreements are to be brought up and discussed openly at house meetings.

4. Twelve-Step Programs

- For a resident's first 30 days in the program, residents must attend at least one (1) 12 Step meeting per day.
- After the first 30 days, residents must attend a minimum of five (5) 12 Step meetings per week on 5 different days.
- Each resident must have a 12 step program sponsor within 7 days of entering Open Door.
- Sponsors must have a minimum of one (1) year sobriety, have a sponsor themselves and have been through a 12 Step program.
- Sponsor information must be listed on the meeting signup sheet each week.
- Sponsorship may be verified by office staff at anytime.
- A resident will participate in any counseling Open Door deems necessary.

5. Dress Code

- **No sunglasses** are to be worn inside the building, at Community Based Support Groups (CBSG) or 12 Step meetings.
- No short –shorts, miniskirts, excessively baggy pants, muscle shirts, tank tops, sleeveless shirts, spaghetti straps, crop tops or any other inappropriate apparel deemed by Open Door Recovery House staff. Pants must remain at hip level. No Sagging!
- All **tattoos** deemed inappropriate by staff must be covered. New tattoos are not allowed during residency.
- No **body piercing** and no jewelry deemed inappropriate by staff will be allowed during residency.
- Haircuts must remain well groomed and hair color must be conservative in nature. Extreme haircuts or unnatural colors are not allowed.

- Only clear or natural eye color contacts may be worn.
- A maximum of 7-10 days worth of clothing, including casual attire, may be brought in due to limited closet space.
- When outside of the living quarters, clients must be fully clothed at all times.

6. Phone Calls

- No cell phone use during the first thirty (30) days unless approved by the Director.
- Limit your calls to 10 minute phone calls so others can also have access to the phone (be courteous of others in the house). There will be no calls (house phone or cell phone) made after 11:00 PM. Be conscious of phone messages and write them down for others in the House. (Remember: It could be your probation officer or CPS Officer calling and leaving a message for you).
- If you receive a phone call while there is a meeting going on, a movie being watched, people talking, etc., take your phone call to another room or outside. Do not interrupt others with your conversation.

7. Television

- Television is prohibited from 9AM to 4 PM, Monday through Friday.
- As per posted television schedule. The house TV shall be set to the channel which the majority of viewers select.

8. House Meetings

- New residents, for the first 14 days, may not leave the Open Door without permission.
- Participation in the weekly house meeting(s) is mandatory.
- Additional meetings may be called when a situation warrants.
- Acceptable reason for excused absence is hospitalization.

9. Cleaning

- A list of chores will be posted weekly.
- Residents are expected to complete assigned chores in a timely fashion.
- Chores should be completed by 10 AM or prior to leaving the house. You also have the option to complete chores the night before.
- Completions of chores can and will be verified by the chore captains.
- Residents are expected to pick up after themselves and clean appliances after use.
- Dishes, cups, utensils are to be washed or loaded in the dishwasher immediately after use.
- Personal belongings and trash should not be left out in the house.
- Residents are expected to keep their bedrooms clean and neat at all times. Beds must be made each morning.
- Food is not to be stored or consumed in bedrooms for any reason.

10. Behavior & Expectations

- Residents are expected to act like mature, responsible adults.
- Residents are expected to behave in an appropriate manner during regular meetings such as Bible study, GED Tutoring and House Meetings.
- Residents are expected to attend all mandatory programs and meetings scheduled for Open Door (i.e. workout, Friday Meeting, Sunday Meeting, etc. Upon entering Open Door House Rules and Agreements were signed by the Resident to attend certain programs and meetings. We hold the Resident to these House Rules and Agreements). If Resident is sick or otherwise unable to attend all mandatory programs and meetings, they required to be at the house for 24 hour (no work, no going to the store, no going out for a walk) to recoup from the illness or other issue and be able to function again and attend all programs and meetings as required.
- Residents are not permitted to have any correspondence with those confined to prison, jail (county or other) unless this person is a spouse or immediate family member. Proof of relationship will be required.
- All residents must participate in a Give Back Program.
- Progress in the recovery program is expected. Failure to progress will result in a "strike."
- All Open Door House rules are to help you succeed in your recovery. Failure to obey the rules will result in a strike.
- You will be asked to leave the Open Door if you get three strikes.
- Monday through Friday residents are to be up and out of bed by 7:00 AM.
- You may only enter the bedroom where you reside.
- Management has the right to enter any room at any time.
- Cell phones and Lights Out at 11:00 PM
- The living room, dining room, kitchen, and yard are common areas. Rules of common courtesy, respect, cleanliness, and cooperation are required. Residents are expected to be good neighbors, not just "non-disturbing" neighbors.

- **The following is not allowed:**
 - Pornography or sexual activity on premises
 - Excessive cussing
 - Fighting
 - Stealing
 - Lying
 - **ANY** behavior that is not conducive to recovery
 - Intimate relations between residents

11. Smoking Policy

- Smoking is not allowed inside the house at any time.
- Smoking is allowed outside provided that the ashes and butts are disposed of in the proper containers.

12. Visitation Policy

- Any visitation must be pre-approved by management.
- Guests must abide by all house rules and are expected to be clean, courteous, and sober at all times.
- Guests may not stay overnight.
- Guests are not allowed in any bedroom.
- The host resident will be responsible for the guest while in the house.
- Guests will be asked to leave the property for **any violation** of house rules or procedures. If a guest is asked to leave they will not be allowed back on the premises.
- NO GUEST is allowed in the house past 9:00 PM

13. Cars

- No use of cars during the first sixty (60) days of residency at Open Door.

14. Open Door Disclosures

- Management is not responsible for residents' personal property. Bringing valuables into the house is at the residents' own risk.
- Abandoned property will be kept for 7 days.
- Residents are required to arrange for the claiming of this property during this time. Unclaimed items will become property of Open Door Recovery House.
- Confidentiality- Open Door Recovery House is not bound by any rules of confidentiality with regard to client information.
- Open Door Recovery House will fully cooperate with and share information with law enforcement, ~~and~~ Court Appointed personnel, including parole and probation officers, Drug Court, Child Protective Services, CASA, testifying in court and/or conferring with Team workers, written and verbal reports, and drug tests.

15. Relapse

- A resident who relapses (uses alcohol and/or drugs) will be asked to vacate the premises immediately and may not be reconsidered for a minimum of one (1) year.

Additional Expectations Concerning Daily Routines

Between the hours of 9:00am – 4:00pm, Monday thru Friday (if you are not employed at least 25 hours a week), you must be actively participating in your recovery in some form, volunteering (at no benefit to yourself), job searching, continuing education, OR any of the following activities that are useful or productive to the house:

- * Clean laundry room cabinets (inside/outside/front)
- * Clean windows (inside and out)
- * Clean blinds
- * Clean refrigerator (inside/outside, drawers and shelves)
- * Take all food out of both refrigerators - check dates, clean containers/jars/bottles and replace in refrigerator(s)
- * Remove all items from pantry – make a list of all goods, check expiration dates
- * Clean cupboards inside and out
- * Clean cupboard doors, oven doors, and dishwasher door
- * Clean baseboards

- * Move furniture and clean underneath
- * Clean out and reorganize linen closet
- * Clean under your bed
- * Clean dressers
- * Clean bathrooms
- * Clean hall closet
- * Clean porches
- * Clean ceiling fans
- * Clean cobwebs along ceiling and corners
- * Clean under dining room table
- * Mow and weed eat the yard
- * Weed the garden
- * Pick up cigarette butts (yard/driveway/flowerbeds) They should not be anywhere but the trash can!

It is expected that all cigarette butts are thrown away immediately and all ashtrays are empty and clean. If this becomes a problem, cigarette smoking will be prohibited!

I HAVE READ THE ABOVE RULES AND AGREE TO ABIDE BY THEM. I UNDERSTAND THAT IF I CHOOSE TO VIOLATE THE RULES, I WILL BE ASKED TO LEAVE AND WILL NOT BE RECONSIDERED FOR RESIDENCY FOR A MINIMUM OF ONE (1) YEAR.

Resident's Signature:	Date
Volunteer/Staff Signature	Date:



House Discipline Process

A **demerit** is a mark made against one's record for a fault or for misconduct.

1. A demerit will be issued for **any** infraction of the House Rules. Examples include **but are not limited to**:
 - Breaking Curfew
 - Not completing chores
 - Dress code violations
 - Not meeting with your sponsor
 - Not attending meetings as required
2. Three (3) demerits will result in one strike. Three (3) strikes = eviction.
3. For every demerit you receive, you will be required to complete a LE (Learning Experience)

Strike buyback program

If you go two (2) months without getting a demerit or strike, one strike will be deleted from your record.

Give Back Program

All residents **MUST** participate in a Give Back Program. This means helping another person at no benefit to you, now or in the future.

- If you work full-time (40 or more hours per week), you must participate in five (5) give back hours per week.
- If you work part-time (20 – 39 hours per week), you must participate in fifteen (15) give back hours per week.

Pass Request Requirements

1. Pass requests must be submitted at least seven (7) days in advance.
2. To be eligible for a pass, you cannot have received any demerits or strikes within the previous two (2) months
3. The pass request form must be filled out completely. Incomplete requests will not be considered.
4. The information on the pass request will be verified. Once verified, the request will be approved or denied at Paula's discretion.
5. Residents are not be eligible for a pass in the first 30 days of residency. After 30 days, residents may be eligible for one (1) overnight pass. After ninety (90) days, residents may be eligible for a weekend pass.

Signature

Date



SPONGE MODE

1. Definition

Sponge Mode means to take the time to soak up the recovery process. Put the life you had behind you and focus on living, not on life.

2. Process

Sponge Mode is a 14 day process where your time is spent focusing on soaking up recovery and **not** worrying about anything. During this time of "soaking" you are only allowed to leave the house with Paula or your Sponsor. Visitation is regulated by Open Door Recovery House Rule No. 12, even family (i.e. mom, dad, brother, sister, aunt, uncle, etc.) must be approved before coming to visit. Any activity outside of the home must have prior approval from Paula. This Process helps to acquire accountability.

3. Accountability

Accountability teaches us to follow procedures and form the understanding that life does have rules that we all have to live by. The realization that after this 14 day period I will be able to go for a walk with the rest of the girls, be able to go to the store without asking permission, but being able to sign out and sign in shows accountability. To be accountable for the little things and feel the satisfaction in knowing you are able to be accountable will help when the time comes to be accountable for your recovery.

Resident Signature	Date:
Volunteer/Staff Signature	Date:

CHORE CAPTAIN RESPONSIBILITIES:

- * Plan Family Night dinner and activity - *** See note below
- * Grocery list to be done by Wednesday at 10p.m.
- * Refrigerator/freezer/produce bin cleaned out and organized by Wednesday at 10:00 p.m. (Resident with Kitchen Duty)
- * Check all chores daily. Initial chore chart when chores are completed - if not completed **Highlight the chore not completed or signed**
- * Check weekly chores by Thursday at 8pm. Initial chore chart when completed

*Lead/Facilitate the Daily Morning Meditation

Daily chores are to be completed by 10a.m.

Note that the trash needs to out Wednesday evening and placed 10 feet from mailbox. The arrows on the trash lid **MUST** be facing the road. Thursday afternoon the trash containers **MUST** be returned to the side of the house.

Resident is to initial chore chart daily when daily chores are completed.

Chore Captain: IT IS NOT YOUR RESPONSIBILITY TO NAG, FOLLOW BEHIND, REMIND OR ASSIST IN ANY WAY IN GETTING THE CHORES DONE. Your only responsibility is to initial the chart when the chore is done or highlight if not done chore is not done or the chart is not initial at the completion of the chore.

*** There will be a form to fill out giving us the list of items for the dinner needed to be purchased. This form needs to be completed and given to Paula at the beginning of your week as Chore Captain so it can be reviewed and approved.

Dated:

Signed:



BIG SISTER POLICY

1. Definition

Your Big Sister is that person you are assigned to when you first come to Open Door Recovery House to guide and lead you during the first days of your Recovery.

2. Expectations

Your Big Sister is responsible for guiding you through your first two weeks, those "Sponge Mode" days. She will be the one to make sure you are up in the morning to attend meditation, what the day-to-day life will consist, house rules, etc. as you take this walk to recovery. She is your "go to" person to ask questions or get guidance.

After the first two weeks, you will take on more without guidance from your Big Sister. But she will always be there for you if and when you need help and support during the recovery process.

Resident Signature	Date:
Big Sister Signature	Date:
Volunteer/Staff Signature	Date:

WORKOUT AGREEMENT

I _____ agree to participate in the workout program on the designated dates set aside for this program. If I am unable to do the workout as structured, I agree to walk twice around the block and/or run two blocks.

I understand that a violation of this agreement will result in the demerit.

Signed and agreed to on this _____ day of _____, 20_____.

Resident

SMOKING AGREEMENT

I _____ agree to only smoke in the designated area at the house. I also agree to dispose of the cigarette butts in the ash trays provided for this purpose.

I understand that any violation of this agreement will result in the loss of smoking privileges in the house area for a period of time specified by the Director of Open Door Recovery House.

Signed and agreed to on this ____ day of _____, 20____.

Resident

Social Media Agreement

I _____ agree to no Facebook or social media of any kind while residing at Open Door Recovery House. I also agree to no intimate relationships of any kind while residing at Open Door Recovery House. I will associate only with sober women in the program. I agree to ride only with those volunteers designated to take and pick me up from appointments.

Signed and agreed to on this _____ day of _____, 20_____.

Signed: _____