

Reaching Out Advocating Recovery

ROAR RECOVERY PROGRAM MEMBERSHIP APPLICATION

To be accepted into the ROAR Recovery Program an applicant must complete this application and be interviewed. Carefully read the application and honestly answer the questions. Being in the ROAR Recovery Program is a privilege and the benefits can help you become the person God has created you to be. Clean and Sober and productive citizen in society.

APPLICANT INFORMATION

Name:					
Date of birth:		Phone:			
Current address:					
City:	State:	ZIP Code:			
Marital status: (Please circle one) married never married separated divorced widow					
Drivers License #: State Issued:					
Auto Insurance Information:					
Car License Plate #					
HAVE YOU EVER BEEN IN THE ROAR RECOVERY PROGRAM? (PLEASE CIRCLE ONE) YES NO If "yes" please finish this statement: I left the ROAR Recovery Program for the following reason: (Please Circle One) Relapse Voluntarily Other reason(s) I owe money to the ROAR Recovery Program I left (Please circle one) YES NO If I owe money to the ROAR Recovery Program I left, I will agree to pay the money I owe. YES NO START DATE: (PLEASE CIRCLE ONE) IMMEDIATELY OTHER If "other" list the date you would want to move in, if accepted, and why the date is in the future rather than immediately Date					
DO YOU WANT TO STOP DRINKING ALCOHOL AND USING ADDICTIVE DRUGS? (PLEASE CIRCLE ONE) YES NO					
Are you an Alcoholic?					
Date of last drink:		How long?			
Are you addicted to drugs?	Date of last use:	How Long?			
List Drugs you used addictively: Is your addiction in another form?					
Please describe:					
When did you attend your first Celebrate Reco	overy / AA or NA meeting?				
How many meetings do you attend now each week?					
HAVE YOU EVER BEEN TO A TREAMENT FACILITY FOR ALCOHOLISM AND/OR DRUG ADDICTION? (PLEASE CIRCLE ONE) YES NO					
If yes list the treatment provider, phone number and primary counselor if any:					

	IGS? (PLEASE CIRCLE ONE)	YES	NO
If yes list drugs and reason the dru	ug has been prescribed:		
	EMPLOYMENT INFORMATION	N	
Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
City:	State:		ZIP Code:
Position:	Hourly Salary (Please circle)		Monthly income:
Are you receiving state assistance of If yes" what?	or any other non-job related income?	YES	NO
IF YOU DO NOT HAVE A JOB WILL "If yes what job plans do you have?	YOU GET ONE? (PLEASE CIRCLE ONE) ?"	YES	NO
	EMERGENCY CONTACT		
Name of a relative:			
Address:		F	Phone:
City:	State:		Zip Code:
Relationship:			
DO YOU HAVE A MEDICAL DOCTOR	?? (PLEASE CIRCLE ONE)	YES	NO
DO YOU HAVE A MEDICAL DOCTOR If yes list the doctor's name and ph	, , ,	YES	NO
	, , ,	YES	5 NO
If yes list the doctor's name and ph	none number: REFERENCES	YES	
	none number:	YES	Phone
If yes list the doctor's name and ph	none number: REFERENCES	YES	
If yes list the doctor's name and ph	none number: REFERENCES	YES	
If yes list the doctor's name and ph Name I understand that the ROAR Recove from using any alcohol or illegal dru expenses among the residents. In a	none number: REFERENCES	uires the prohibitic d that 2	Phone Phone e residents to: (A) Prohibit all residents n, (C) equally share household 036 of the Federal Anti-Drug Abuse Act
If yes list the doctor's name and ph Name I understand that the ROAR Recove from using any alcohol or illegal dru expenses among the residents. In a	Address Address Address ery Program I am applying to for residency request, (B) expel any resident who violates such p accepting these terms, the applicant understan	uires the prohibitic d that 2	Phone Phone e residents to: (A) Prohibit all residents n, (C) equally share household 036 of the Federal Anti-Drug Abuse Act
If yes list the doctor's name and ph Name I understand that the ROAR Recove from using any alcohol or illegal dru expenses among the residents. In a of 1988, P.L. 100-690 conditions, an	Address Address Address ery Program I am applying to for residency req ugs, (B) expel any resident who violates such p accepting these terms, the applicant understan re different than the normal due process afforce	uires the prohibitic d that 2 ded by so	Phone e residents to: (A) Prohibit all residents n, (C) equally share household 036 of the Federal Anti-Drug Abuse Act ome local landlord-tenant laws.

Please return application to: ROAR Recovery Program 1505 W. Cleveland, Spokane, WA. 99205 Or email to <u>roar@ffcc.us</u>

Any questions please Call (509) 325-0343



ROAR Recovery Program Guidelines & Contract

ROAR (Reaching Out Advocating Recovery) was established to help addicts in recovery learn how to live a new lifestyle promoting hope for sustained recovery. "Regenerating Hearts-Through Christ-One Addict At A Time." ROAR operates to uphold the Biblical principle of continuing in advocating recovery based on the scripture Ezekiel 36:26 "And I will give you a new heart, and I will put a new spirit in you. I will take out your stony, stubborn heart and give you a tender, responsive heart." It is a privilege, and not a

you are accepted into the program these are the requirements:

1) Each participant is required to pay a monthly program fee. The program fee is due on the first of every month (\$450) This covers basic program, housing, utilities;

right to participate in the ROAR Recovery Program. Accountability protects you and helps you to grow. If

- 2) Each participant is responsible for their own personal items, hygiene, laundry, food, their portion of household necessities (cleaning supplies, laundry), etc. All housing units are furnished with furniture, (bed, dresser, couch, table, etc.) No personal furniture allowed. Television is provided in common area.
- 3) Each participant is responsible to make own bed and pick up their area daily. It is also required that assigned household chores be completed every day. The on-site leader will make the assignments and do a daily check. If these are not done to their qualifications the consequences are as follows:
 - A. Verbal Warning
 - B. Written Warning
 - C. Evaluation of continuing in program.
- 4) Respect and courtesy are to be given to all on-site leaders and other participants at all times. Disrespect, swearing, threats, or threatening tone or level of voice towards the on-site leader or any other participant is grounds for immediate dismissal. The On-site leader has been placed in authority and you are to respect that. Monthly meetings mandatory for all participants. If you have a problem with an on-site leader you may put the complaint in writing and forwarded to Pastor Danny Green. The matter will be dealt with on an individual basis.
- 5) It is of utmost importance that each participant cleans up after themselves in the bathroom, common areas, as well as the kitchen. Dishes should be washed directly after use. Respect each other in the areas of Showers and laundry making available for everyone. Please do not leave laundry in machines. If more than one needs showers keep your time limited for others. Show respect to each other.
- 6) Curfew is 10:00pm Sunday through Thursday, and 11:00pm Friday and Saturday. Any exceptions must have prior approval from Director. Overnight outings are to be with immediate family only and must be approved by Director. First 30 days is an evaluation period, and there will be no overnight outings during this period.

- 7) There will be zero tolerance for the following offenses, and are all subject to immediate Dismissal from program:
 - A. Physical Violence

B. Possession of drugs and/or alcohol in any form or at any time either on or off the property. This includes paraphernalia and/or medication that is not prescribed to you.

- C. Weapons and/or firearms
- D. Pornography.
- E. You will be required to take random drug tests. There will be zero tolerance for a dirty UA.
- F. No open flame, smoking, candles inside home. (Smoking permitted outside only)
- 8) Any visitors must have prior approval and cannot enter anyone's room. They must remain in the common area. The common area includes all space that is not a bedroom. No exceptions.
 - 1. A visitor may not use, possess or share alcohol, illegal drugs, controlled substances or prescription drugs without a medical prescription on the premises.
- 9) Church attendance is required on Sunday. Family of Faith Community Church will be the church for accountability purposes and the opportunity to grow in support.
- 10) It is mandatory you attend New Heart Discipleship Night and Celebrate Recovery (Family of Faith Community Church) meetings with a support group twice a week. (Verification upon request) ROAR Recovery Meeting weekly is also required. Bible study required in house daily.
- 11) If an individual leaves, or is dismissed from the program then any money paid is forfeited, and it is mandatory that they take all of their clothing and personal possessions with them. ROAR will not be responsible for any personal possessions left behind. After 72 hours all items will be disposed of.
- 12) Residents are required to give 30-day notice in writing prior to voluntarily moving out of the ROAR House.
- 13) You are absolutely not allowed to own a vehicle without a driver's license and proof of car insurance while residing at the ROAR House. It is biblical to follow the law of the land. Only one vehicle per tenant. Any non-working or unlicensed autos must be removed immediately.
- 14) A printout of each participant's criminal history is required prior to acceptance into the ROAR Recovery Program, and a written statement of what Christ has done in your life.
- 15) Participants are not permitted to enter another Participant's room unless accompanied by that person.
- 16) GAU, GAD, GAX may be used to supplement income, but while at the ROAR House you will be required to seek employment. PT or FT is acceptable. Sustained recovery is getting out of yourself and serving others the way Jesus did. You will be required to serve in ministry at Family of Faith Community Church.

- 17) If you become 45 days delinquent with program fee, your participation in the program can be terminated.
- 18) Failure to comply with any of these guidelines will result in first a verbal warning, then a written warning. If you receive three written warnings your participation in the program will be terminated. You will be asked to leave the program for the sake of the others. Safety, security, sobriety, sanity is all very important in the program and we will strive to maintain that for everyone.
- 19) All new members will be on a 90-day evaluation period. If at any time during that 90 days, you are not fulfilling the requirements of the program you will be asked to leave. If possible, we will help you with alternatives living situations.
- 20) The Discipleship requires all members to give 100% or more to the transforming of their life. Mandatory is not a word we use but an eagerness to go above and beyond will take you a long ways in your new life. Your attitude will make or break you in this program. It is designed to help you live a long of obedience to the Lord which brings love, joy, acceptance, peace and compassion for others. We do encourage you to spend time daily in prayer.
- 21) All Participants are required to attend and participate in any event hosted by ROAR.

Our goal is help you put your life back together, emotionally, spiritually, financially. Your absolute cooperation with these guidelines will benefit you personally overall. From time to time it may become necessary to make changes to the rules. When this happens notice will be given before the changes take effect.

Participant:	
Print Name:	
Signature:	Date:
Director Reggie Camps:	Date: