

RESTORATION HOUSE APPLICATION (rev. 02-20-19)

A Program of **CrossBRIDGE, Inc.**

INSTRUCTIONS: FILL-IN COMPLETELY. Write *None* or *N/A* in blanks that don't apply to you. Incomplete forms will be rejected. Return by fax (615-256-9150), mail (**CrossBRIDGE, Inc.** 335 Murfreesboro Pike, Nashville, TN 37210), or email (tmtitchell@crossbridgeinc.org). **Provide return address & any special conditions on page 3, Section IIF 6-7.**

SECTION 1: SUITABILITY

Restoration House is a rigorous, highly accountable Residential Recovery Support Services Program. It is not for everyone. Restoration House is literally an honest-to-God *Program* for men and women so sick & tired of being sick & tired that they will do whatever it takes to find a better way to live. If your way worked, you wouldn't need what we offer. Those who humble themselves and work *this Program our way* discover their past redeemed, their present transformed, and their future restored. Our way involves honesty & accountability *in all things* and relational abstinence for the duration. To determine whether Restoration House is right for you, **check ONLY the boxes of those policies you KNOW you can live with for at least six months.** Mismatches between people & programs never end well.

Unapologetically Christ-Centered Twelve Step Recovery.

Daily MAP Meetings. Just showing up is not enough. *MAP* means *Mandatory Attendance & Participation.*

Daily Reading & Writing Assignments. You must be able to read, write, and communicate clearly. Daily written A.A. or N.A. Step Work and sponsor-verified completion of Steps 1-9 required to graduate.

Minimum Six-Month Commitment: There are no shortcuts; it could take longer.

Relational Boundaries: *Except for official business*, communication or contact (including calling or texting) with members of the opposite sex (or same sex if so oriented) is prohibited. Possessing or accessing pornography is also prohibited. If you are unwilling to fully embrace these standards, stop here. This Program will not work for you.

EVERYONE ENTERS AT LEVEL I. Level I Boundaries Include:

Destination Restrictions: Mandatory Meetings, job search, approved service work & official business only.

Contact Restrictions: Beyond relational boundaries, *all* LEVEL I contact & communication is strictly limited to official business, employers, sponsors, Program leaders & same-gender Participants *only*. Waiver requests for limited LEVEL 1 contact with parents and minor children are reviewed on an individual basis.

Self-Reporting Honor Code: All Participants are required to self-report Program policy violations and to report all others who fail to self-report, *including Staff*. In contrast to the cowardly, self-serving, and highly selective practice called snitching, the Restoration House Honor Code saves lives by saving us from ourselves. Honor coding by everyone makes this Program safe *for* everyone. It is *not* optional; if you are unwilling to Honor Code, stop here.

Documented Full-Time Job Search. Until you have a job, your full-time job is *finding* a job. No working Sundays before 1:00 p.m. or Monday through Friday after 6 p.m. without an approved hardship waiver.

Program Fees: Due in advance. \$150/week or \$480/month. A *temporary* balance of past-due fees is permitted during Job Search only. All past-due fees are subject to the 80% Rule.

80% Rule: Participants with past-due Program Fee balances must pay 80% of *all* funds from *any* source until current and provide *official, accurate* documentation of all earnings. Fees must be current to level up.

Grievance Process: A non-retaliatory Grievance Process is available to all for any perceived mistreatment.

Full Legal Name: _____ Nickname: _____

Today's Date: _____ DOB: _____ Male Female Are you pregnant? Yes No

SECTION II: PERSONAL BACKGROUND

A. ALCOHOL/DRUG USE: Cigarette smoker? No Yes—age started ____ Began drinking @ age _____;

Began recreational drug use @ age _____. My history & pattern of alcohol use/drug abuse: _____

B. GANG AFFILIATION: Any gang-affiliations ever? No Yes—list gang(s) & initiation date; ranks, roles & titles:

C. HOUSING & JOBS: Dates & details of living arrangements and work history for the past four years:

Experience, skills, or training that increase earning potential or employability: _____

Have you ever lived in recovery housing? No Yes—Program name, dates attended, & reason for leaving:

D. FINANCES: Not including jobs listed in **Section C.**, list ALL OTHER sources of support over the past four years:

What Valid IDs do you currently have? Social Security Card Driver's License State ID Birth Certificate

Currently employed or promised a job? No Yes—Employer: _____

Current SSI recipient? No Yes \$_____/mo. **Former** SSI Recipient? No Yes \$_____/mo.

\$190 Deposit required of all Applicants except those pre-approved for RHP: \$150 for First Week Program Fee & \$40 for MTA I.D. & Monthly Bus Pass. If others will be sending your deposit, provide name, relationship, & phone number for verification. _____

WE WILL NOT SEND AN ACCEPTANCE LETTER UNTIL THE \$190 DEPOSIT IS RECEIVED IN OUR OFFICE.

E. RELATIONAL

1. Are you currently in a relationship (fiancée, domestic partner, girlfriend/boyfriend, etc.)? No Yes
2. Are you legally married? No Yes
3. Are you party (Plaintiff or Defendant) to an active Order of Protection or Restraining Order? No Yes—Details:

4. Do you have *minor* children? No Yes—List Child’s Name & DOB + Name/Relationship of Legal Custodian:

4. Court-ordered to pay child support? No Yes—Monthly Amount & Arrearage: _____

F. OTHER

1. For ALL prescription medications you take *or should be taking*, list name/dosage/frequency/last refill date.
Example: “Montelukast/10 mg/day/05-13-18.” _____

2. Are you a current client of Mental Health Co-Op? No Yes—Diagnosis and Case Worker’s Name and Phone#: _____

3. Daily *written* Step Work, meeting attendance & participation are non-negotiable Program requirements. Do you have any physical, mental, emotional, developmental, or relational issues that could interfere with your ability to fully participate in or complete this Program? No Yes—please specify: _____

4. Do you own a motor vehicle? No Yes—valid license, insurance, registration & PRIOR STAFF APPROVAL are required *before* operating ANY motorized vehicle.
5. Emergency Contact Name/Relationship/Mailing Address: _____

6. Your Current Mailing Address: _____

7. In your own words, tell us **why** you want to be accepted into the Restoration House Program and **what** you hope to get out of it. Include any questions, comments, or concerns you have regarding your Application or the Program.

8. Have you *ever* been incarcerated? Yes—Complete **Section III** No—Proceed directly to **Section IV**

SECTION III: CRIMINAL JUSTICE BACKGROUND

A. **PENDING** Provide details of pending charges/warrants/court appearances by jurisdiction/court and court dates:

B. **CURRENTLY INCARCERATED**

OCA/TOMIS # _____ Location: CCA CDC CJC HDC ORC Other: _____

1. **Conviction(s) Being Served.** List original charge, conviction/plea deal, sentencing date & sentence/range, jurisdiction/judge. [Example: Charged with aggravated burglary & illegal possession of a firearm, plead to burglary, sentenced 3/17/15, 3 years/range 2, Davidson County/Judge Wyatt] _____

As of today, **what is your RED (Release Eligibility Date)?** _____

2. **Disciplinary Actions?** No Yes—Details: _____

3. **Certificates Earned?** No Yes—Details: _____

C. **PRIOR CONVICTIONS**

1. **Are you on Probation/Parole?** No Yes—Judge: _____ Unsupervised Supervised

Start Date: _____ End Date: _____ **P.O. Name & Phone:** _____

2. List **all VIOLENT, SEXUAL, or DOMESTIC OFFENSES:** _____

3. **Registered Sex Offender?** No Yes—Registry Details: _____

4. **Total Number of Convictions (including Probation/Parole Violations) involving Drugs or Alcohol:** _____

➡ **IV: ALL APPLICANTS** Check One: “I completed this application without assistance.” “I completed this with the assistance of (name & relationship): _____”

“I swear or affirm that my responses are true, accurate, and complete in every respect. I understand that Program acceptance, if granted, is conditioned upon the veracity of my responses. If accepted, I will promptly notify Restoration House Staff if any information provided in this Application changes. I further understand that acceptance *does not* guarantee a specific entry date; my entry date will depend upon availability of bed space.”

Applicant Signature: _____ Date Signed: _____