

RESTORATION HOUSE APPLICATION (rev. 03-04-21)

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 (ccasey@crossbridgeinc.org). **Provide valid current mailing address on page 3.**

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. All 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*, all 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 practice of snitching to deflect scrutiny & save ourselves, the Restoration House Honor Code saves lives by saving us from ourselves. Honor coding by everyone makes the 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 full-time job, your full-time job is *finding* one. No working Sundays before 1:00 p.m. or Monday through Friday after 6 p.m. without an approved 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 Fees must pay 80% of *all funds* acquired from *any source* until fees are current. *Official employer documentation* required on 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: Nicotine user? No Yes—started @ age _____; started drinking @ age _____; started drug use @ age _____; preferred drug of choice: _____ history of alcohol/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:

Highest grade *completed*: ____ Diplomas, certifications, licensure, or marketable trade skills: _____

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

D. FINANCES: EXCLUDING JOBS LISTED IN SECTION C, list ALL sources of financial support during 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 someone else is paying your deposit, list name, relationship, & phone number for verification. _____

YOU WILL NOT RECEIVE AN ACCEPTANCE LETTER UNTIL DEPOSIT RECEIVED OR VALID ARRANGEMENTS VERIFIED.

E. RELATIONAL

- 1. Are you legally married? No Yes. If unmarried, are you currently in a relationship (fiancée, domestic partner, girlfriend/boyfriend, etc.)? No Yes
- 3. Are you a 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 Name/DOB & Name/Relationship of Legal Custodian of each:

4. Are you court-ordered to pay child support? No Yes—Monthly Amount & Any 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. Do you have a Mental Health diagnosis? No Yes. If yes, list diagnosis & date of last visit with a Case Worker or Treatment Provider: _____

3. Daily *written* Step Work, meeting attendance, & Program compliance are non-negotiable requirements. Do you have any physical, mental, emotional, developmental, relational, or personal issues that could interfere with your full participation/compliance? No Yes—specify: _____

4. Do you own a motorized vehicle? No Yes. No vehicles in Level I. Level II+ with RH Staff approval, valid TN driver’s license, insurance, registration, and ongoing compliance with all Program guidelines & requirements.

5. Emergency Contact Name/Relationship/Mailing Address: _____

6. *Your Current* Mailing Address: _____

7. Each RH Guideline serves a clear purpose, so we expect full compliance and sanction non-compliance. If your way worked, you wouldn’t need our help becoming a healthy, responsible adult. We know we’re strict and not for everyone, so please tell us why you want to come to **this** Program and any questions or concerns you may have.

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

SECTION III: CRIMINAL JUSTICE BACKGROUND

A. **PENDING** Any outstanding warrants or scheduled court appearances? No Yes—specify: _____

B. **CURRENTLY INCARCERATED**

Location: _____ TOMIS # _____

If Davidson County: CC CDC CJC HDC Other: _____

1. **Sentence Details. Original Charge(s):** _____

Convicted of/Plead to: _____ **Date:** _____ **Sentence:** _____

Range: _____ **Jurisdiction & Judge:** _____

Are you currently serving time on a Probation/Parole Violation? No Yes

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

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

3. **Any 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 all convictions involving Drugs or Alcohol including Probation/Parole Violations** _____

➡ **IV: ALL APPLICANTS** “I completed this application (check one): without assistance.” 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 of ANY changes to information provided. I understand that acceptance *does not* guarantee a specific entry date; my entry date will depend upon availability of bed space at that time.”

Applicant Signature: _____ **Date Signed:** _____