



## New Beginnings Recovery, Inc.

900 E. Renfroe Rd.

Talladega, AL 35160

Phone: 256-362-3300 Fax: 256-362-7700

[newbeginningsrecovery@outlook.com](mailto:newbeginningsrecovery@outlook.com)

### Director

Preston Smith

### Coordinator

Chase Lackey

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Dear Sir,

As requested, enclosed is an application and house rules to New Beginnings Recovery. Please indicate which program listed below for which you are applying and complete the forms to the best of your ability. Submitting this application does not reserve a space. Upon receiving your application, it will be reviewed accordingly and a reply will be sent stating your approval or denial. Currently, we cannot accept sexual offenders.

Our **Recovery** program is implemented as a 12-step, 12-month, Christ-Centered program and exists to provide an affordable living environment for men who have the sincere desire to remain in a supportive recovering community as they practice and develop a sober lifestyle while continuing to grow mentally, physically, socially and spiritually. This program will require clients to attend several weekly meetings, including but not limited to, In-House meetings, NA meetings, Celebrate Recovery meetings, and weekly spiritual meetings. Also, clients are required to remain gainfully employed and pass all mandatory drug screens while in the program.

An initial payment of \$600.00 will be required upon our approval and will be due upon arrival at New Beginnings Recovery. Weekly program fees thereafter are \$220.00.

Before submitting the application be sure you have thoroughly read the House Rules and Regulations and agree to what will be required of you. Please include a copy of any certificates along with current inmate summary and / or time sheet and return to the address listed above.

With Best regards,

*Preston Smith*

Preston Smith, Executive Director

*It is the mission of New Beginnings Recovery to provide for each individual resident a safe, professional and structured environment for the development of life skills needed to sustain in their recovery. Also, to assist and encourage each resident to grow physically, mentally and spiritually while becoming a responsible and productive member of society. Residents will increase their personal skill level in the areas of: accountability, honesty, self-esteem, goal setting, employment and personal and financial responsibility.*

*New Beginnings Recovery, Inc. is a non-profit organization*

# New Beginnings Recovery, Inc.

## APPLICATION FOR PROGRAM

Please Check one  Recovery Program  Transitional Home Plan (THP)

First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthplace: \_\_\_\_\_

Have you ever applied to or lived at NEW BEGINNINGS RECOVERY? YES  NO  When? \_\_\_\_\_

Do you have religious preferences? YES  NO  If so what? \_\_\_\_\_

### **Current Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone :(\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Distinguishing marks (tattoos, scars): \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Family Information**

Are you? Married  Divorced/Separated  Single/Never Married

Spouse/Significant other's name: \_\_\_\_\_

Do you have children? YES  NO

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

# ***New Beginnings Recovery, Inc.***

## **Applicant's Parents:**

Father's Name: \_\_\_\_\_ Deceased: YES  NO

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Deceased: YES  NO

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## **Substance Abuse Information**

(This information is confidential and will not affect your application)

Please list in order of preference all drugs used; past to present. This must be completed.

Drug \_\_\_\_\_

Amount used at peak \_\_\_\_\_ Age at first use: \_\_\_\_\_ Date of last use: \_\_\_\_\_

Have you ever lived in a recovery house before? YES  NO

If yes.... Name: \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

How long? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Have you ever been in a treatment program? YES  NO

Name: \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

How long? \_\_\_\_\_ Did you complete? YES  NO

If no... Why did you leave? \_\_\_\_\_

Do you consider yourself an alcoholic / addict? YES  NO

## ***New Beginnings Recovery, Inc.***

Do you currently have a sponsor? YES  NO

### **Sponsor Information**

First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone :(\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you working or willing to work the 12 steps? YES  NO

Are you currently attending CR, AA, or NA meetings? YES  NO

If yes, how many per week? \_\_\_\_\_ Date of last use of drugs or alcohol: \_\_\_\_\_

### **Legal Information**

Are you currently on probation? YES  NO  If yes, Probation Officer's name: \_\_\_\_\_

Where: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

What is your current offense? \_\_\_\_\_

List all Prior/Current Convictions: \_\_\_\_\_

Offense \_\_\_\_\_

Scheduled Court Date (s) YES  NO  Date of Court \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever committed/been charged with arson? YES  NO

Have you ever been charged with cruelty to animals? YES  NO

Have you ever been charged/convicted of a violent crime? YES  NO

Have you ever committed/been charged with a sexual crime? YES  NO

# ***New Beginnings Recovery, Inc.***

## **Financial Information**

**\*New Beginnings Recovery, Inc.** requires a non-refundable Intake/Entrance fee of \$600.00.

This fee is due upon arrival.

**\*The weekly Program fee is \$220.00. This fee is due by 7:00 PM every Friday.**

Do you have the funds to cover the entrance fee / first Program week? YES  NO

\*We encourage each applicant to have a financial sponsor. A financial Sponsor is someone that will ensure that your financial obligation will be fulfilled.

Do you currently have a Financial Sponsor? YES  NO

## **Financial Sponsor Information**

First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone :(\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Do you have legal identification? YES  NO

Do you currently have a job? YES  NO  Full / Part time (circle one)

Name of company: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ How long have you been employed? \_\_\_\_\_

Employment / Vocational Skills? \_\_\_\_\_

Do you have a current valid Driver's License? YES  NO  If yes, what is the Driver's License # \_\_\_\_\_ and state issued: \_\_\_\_\_

Any outstanding debts (child support, installment loans, IRS, etc.)? \_\_\_\_\_

Arrangement for payments: \_\_\_\_\_

Are you court ordered to pay child support? YES  NO

Amount? \_\_\_\_\_ Are you behind? \_\_\_\_\_ YES  NO

## ***New Beginnings Recovery, Inc.***

Do you receive any ongoing financial reimbursement for any reason? (Such as,

SSI, Disability, Medicaid, Trust Fund, etc.) YES  NO

Are you under application for any of the above? \_\_\_\_\_

### **Educational Information**

High school graduate? \_\_\_\_\_ GED? \_\_\_\_\_ Last grade completed: \_\_\_\_\_

College graduate? \_\_\_\_\_ Years completed? \_\_\_\_\_

Difficulty reading? \_\_\_\_\_ Educational goals? \_\_\_\_\_

### **Medical History**

List any medical/mental  
issues: \_\_\_\_\_  
\_\_\_\_\_

Are you under a doctor's care? YES  NO

If yes, give name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Do you have dental problems? YES  NO

Current Dentist: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

History of: Seizures YES  NO  If yes, dates: \_\_\_\_\_

TB YES  NO  If yes, dates: \_\_\_\_\_

Diabetes YES  NO  If yes, dates: \_\_\_\_\_

Hepatitis YES  NO  If yes, dates: \_\_\_\_\_ Aids/Hiv YES  NO  If yes, dates:  
\_\_\_\_\_

Other YES  NO  If yes, dates: \_\_\_\_\_

Are you suicidal? YES  NO  Have you ever tried to commit suicide? YES  NO

If yes, date of last incident? \_\_\_\_\_

Explain: \_\_\_\_\_

Have you ever been diagnosed with Bipolar Disorder? YES  NO

***New Beginnings Recovery, Inc.***

Have you had a TB test in the last year? YES  NO  Positive or negative: \_\_\_\_\_

Are you currently on medications? YES  NO  If yes, list \_\_\_\_\_

Have you ever been tested for HIV? YES  NO  Date \_\_\_\_\_ Results \_\_\_\_\_

On a scale of 1 to 10, how serious a problem do you think you have with drugs or alcohol?

(Circle one) **No problem 1 2 3 4 5 6 7 8 9 10 Very serious**

On a scale of 1 to 10, how motivated are you to make changes in your life at this -me?

(Please be honest) **Not at all 1 2 3 4 5 6 7 8 9 10 Very motivated**

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**RETURN YOUR APPLICATION ALONG WITH A COPY OF ANY CERTIFICATES, AS WELL AS A CURRENT INMATE SUMMARY AND / OR TIME SHEET, NO EARLIER THAN TWO (2) MONTHS PRIOR TO YOUR PAROLE HEARING DATE OR EXPECTED ARRIVAL DATE.**

I, \_\_\_\_\_, affirm that my answers and information provided by me in this application are true and accurate. I understand that if I am accepted, any misinformation and/or dishonest answer may be grounds for denial or dismissal.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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For *NEW BEGINNINGS RECOVERY, Inc.* Use Only

Approved      Date for move in \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Denied      Reason \_\_\_\_\_

APPROVED BY \_\_\_\_\_

COMMENTS \_\_\_\_\_

***New Beginnings Recovery, Inc.***

**Background Screening Consent Form**

I, \_\_\_\_\_, authorize New Beginnings Recovery, Inc. to conduct an independent investigation of all public records, my background, my driving report, my police record and my criminal history information for the purpose of providing a background report. New Beginnings Recovery, Inc. and its agents will adhere to applicable state and federal statutes concerning the securing, handling, and release of information obtained in the background investigation.

**Print your true and complete legal name on the line below**

\_\_\_\_\_

**Print all other names ever used including nicknames, adoption names, etc.**

\_\_\_\_\_

\_\_\_\_\_

**List addresses for the past seven (7) years below.**

Present Address: \_\_\_\_\_

City / State / Zip

Former Address: \_\_\_\_\_

City / State / Zip

Former Address: \_\_\_\_\_

City / State / Zip

DOB \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

Drivers License No: \_\_\_\_\_ Drivers License State \_\_\_\_\_

**All information on this document is true and correct to the best of my knowledge.**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE

DATE

**New Beginnings Recovery, Inc.**

**RELEASE OF LIABILITY    MEDICAL RELEASE    MEDIA RELEASE**

PLEASE FILL OUT COMPLETELY, INITIAL AND SIGN WHERE INDICATED

RESIDENT \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

I RECOGNIZE THAT PARTICIPATION IN ANY, AND ALL ACTIVITIES, INVOLVES AND SUBJECTS ONESELF AND OTHERS TO THE RISK OF INJURY. BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I AM RELEASING NEW BEGINNINGS RECOVERY, INC AND OTHER RELATED PARTIES OF ANY LIABILITY.

**MEDICAL RELEASE/ DISCLOSURE** \_\_\_\_\_(INITIAL)

I UNDERSTAND THAT WORKING AND EXERCISING IS REQUIRED IN THE **NEW BEGINNINGS RECOVERY, INC.** PROGRAM. I ASSUME THE RESPONSIBILITY OF ANY AND ALL INJURIES WHICH MAY OCCUR AS A RESULT OF PARTICIPATING IN THIS PROGRAM. DESPITE ANY PHYSICAL AND /OR EMOTIONAL CONDITIONS IDENTIFIED IN THIS APPLICATION OR ANY OTHER APPLICATION. PLEASE IDENTIFY ANY PHYSICAL OR EMOTIONAL CONDITIONS WHICH MIGHT LIMIT OR AFFECT PARTICIPATION, OR MAKE THE APPLICANT SUSCEPTIBLE TO INJURY:

\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZATION FOR EMERGENCY TREATMENT \_\_\_\_\_(INITIAL)

**PHOTO MEDIA RELEASE** \_\_\_\_\_(INITIAL)

THE UNDERSIGNED GRANTS **NEW BEGINNINGS RECOVERY, INC.** PROGRAM, THEIR EMPLOYEES, STAFF, AGENTS, SUCCESSORS AND ASSIGNS, THE RIGHT TO USE, REPRODUCE, ASSIGN AND/ OR DISTRIBUTE PHOTOS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS INVOLVING THE APPLICANT / PARTICIPANT FOR USE IN MATERIALS THAT THE AGENCIES, DESCRIBED HEREIN, MAY COMPILE AND DISTRIBUTE. FOR USE IN MATERIALS THAT THE AGENCIES, DESCRIBED HEREIN, MAY COMPILE AND DISTRIBUTE.

**RELEASE OF ALL CLAIMS** \_\_\_\_\_(INITIAL) **(LIABILITY RELEASE)**

I HAVE READ THIS FORM AND AM AWARE OF AND UNDERSTAND THAT IN CONSIDERATION OR (IN EXCHANGE FOR) THE RIGHT OF THE APPLICANT / PARTICIPANT TO PARTICIPATE IN THE PROGRAM(S) NOTED, THE APPLICANT (INCLUDING: THEMSELVES, PARENTS, GAURDIANS, ESTATE, AGENTS, SUCCESSORS AND ASSIGNS) AGREE TO INDEMNIFY AND HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE, **NEW BEGINNINGS RECOVERY, INC.** AND ALL THEIR OFFICERS, EMPLOYEES, AGENTS, SUCCESSORS AND ASSIGNS FROM ANY AND ALL MANNER OF ACTIONS, SUITS, CLAIMS, DEMANDS, JUDGMENTS, DAMAGES AND LIABILITY IN LAW AND IN EQUITY WHICH MAY ARISE OR MAY RESULT FROM ANY PARTICIPATION IN THE ABOVE-MENTIONED PROGRAMS OR ACTIVITY INCLUDING COSTS AND REASONABLE ATTORNEY FEES. THE TERMS HEREIN SHALL SERVE AS A RELEASE NOT ONLY FOR THE RECOVERY PROGRAM PARTCIPANT, BUT ALSO APPLY TO THEIR HEIRS, EXECUTTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES, PARENTS, GAURDIANS AND FOR ALL MEMBERS OF THEIR FAMILY. THE PARTIES SIGNING THIS FORM ACKNOWLEDGE THAT NEW BEGINNINGS RECOVERY PROGRAM AND THE OTHER AGENCIES MENTIONED HAVE RELIED UPON THE GOOD FAITH EXECUTION AND DELIVERY OF THIS FORM. THE PARTIES SIGNING THIS FORM ASSUME THE RISK OF ANY AND ALL INJURIES, WHICH MAY OCCUR WHILE PARTICIPATING IN THE ABOVE REFERENCED PROGRAM(S). I HAVE READ AND UNDERSTAND THIS FORM, HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS, AND FREELY AGREE TO THE TERMS AS EXPRESSED IN RETURN FOR PARTICIPATION IN THE ABOVE REFERENCED PROGRAM(S) .

RESIDENT'S SIGNATURE \_\_\_\_\_

RESIDENT'S PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## ***New Beginnings Recovery, Inc.***

### **HOUSE RULES AND REGULATIONS**

- **New Beginnings Recovery, Inc. has an initial intake fee of \$600.00. A weekly fee of \$220.00 is due every Friday thereafter. If a client is or becomes in arrears on their financial obligation to NBR, their weekly fee of \$220.00 plus 80% of their income will be required and applied to their fees until the client is at a minimum of two weeks ahead. All fees are non-refundable. Clients who become two (2) weeks in arrears are subject to be dismissed.**
- **Clients that are paid by check must cash their check in NBR office. Cashing checks anywhere else is strictly prohibited unless you have permission from a staff member. Verification of direct deposit amount is required for clients that are receiving funds on a check card or debit card. If clients are paid in cash from their employer, prior communication must be set up between NBR and the employer for payment amount verification.**
- **Clients must actively seek gainful employment** (excepting those clients who receive disability benefits or are otherwise employed). Employment search is subject to verification by NBR staff. **It is not the responsibility of NBR to locate employment for clients.**
- **DRUG SCREENS**: All clients are subject to random drug testing and/or BAT (Blood Alcohol Test) without notice and with or without cause or explanation. Refusal to submit to testing will be treated in the same manner as having submitted a positive test result. The client will be immediately dismissed from the NBR and property thereof. Client, likewise, will be considered to have submitted a positive test if they should leave the property at any time for any reason before having submitted to testing. Note: When a client submits a urine sample for screening, they must do so with the bathroom door open and not flush the toilet until the sample has been physically passed to the NBR staff member that is conducting the test. A \$30 fee per drug screen will be charged to the client receiving the random drug screen.
- **PASSES**: After 180 days, with fees and chores caught up **completely** and with the permission from the ordering institution (courts), clients are eligible for overnight (24hr) pass on the first weekend of each month. Passes are a privilege and not a right therefore pass approvals and times will be determined by an authorized NBR staff member or the Program Coordinator.
- Upon returning from a pass, clients must submit to a drug screening at their expense. Drug Screening is a charge of \$30.00 and is due before leaving for a pass, unless prior arrangements have been made between the client and an NBR Staff member.
- Pass Request Form must be submitted no later than Wednesday of the week of pass.
- **CELL PHONE**: After 120 days, with fees and chores caught up completely and without any write-ups or restrictions, clients become eligible to possess a cell phone. If the cell phone becomes an issue with the client, an NBR staff member is authorized to remove the cell phone from the client's possession at any time. The cell phone will not be returned to the client. This rule shall apply to Radios, I-Pods and other personal entertainment devices. All devices must be used with the accompaniment of personal headphones so as not to disturb fellow clients with extraneous noise.
- There is absolutely zero tolerance for drugs and/or alcohol including synthetics use or possession (any infraction of this rule will result in immediate dismissal from NBR Program and property thereof).
- Narcotic Prescriptions are not authorized at NBR. Clients found in possession of any type of

## ***New Beginnings Recovery, Inc.***

- narcotic medications are subject to immediate dismissal. Any other medications, to include over the counter medication, shall be kept secured in the office at NBR unless approved by an NBR staff member. Failure to comply may result in immediate dismissal and/or restrictions.
- There is absolutely Zero Tolerance for violence, threats of violence, intimidation or theft at NBR. (Violation of this policy will result in immediate dismissal from the NBR Program and the property thereof. Note: Criminal charges (when applicable) may result from violation of this policy).
  - Weapons of any sort are strictly prohibited in a client's individual possession, in their rooms or on NBR property. Such weapons include but are not limited to: firearms, ammunition, knives, etc. (**Zero Tolerance**)
  - Borrowing or loaning money or the solicitation thereof is prohibited within the NBR Program. Such practices can and frequently do lead to misunderstandings and conflict between individuals and program members in general.
  - Pornographic materials of any sort are prohibited in a client's individual possession, in their rooms or on NBR Property. (Such materials include but are not limited to magazines, movies, computer downloads, phone downloads, drawings, etc.)
  - Clients must sign out/in on a provided log sheet when leaving/arriving on property. Log will include time out/in, destination and client initials or signature.
  - Drivers must log the vehicle time out/in on provided log sheet. List reason and for what destination the vehicle is being used. NBR staff must know where every vehicle is located at all times. Vehicles are not for personal use. Drivers are not authorized to make vehicle stops at any location other than locations approved by an NBR staff member.
  - Driver's are only authorized to refuel NBR vehicle at a designated location determined by the Program Coordinator.
  - NBR vehicles **ARE NOT** to be used for client's overnight passes. Clients are responsible to make arrangements for their own transportation while on pass.
  - No smoking, eating or drinking inside of NBR vehicles.
  - Clients must attend all scheduled meetings/classes per week. This includes a minimum of one (1) sobriety / support related (i.e., Alcoholics Anonymous, Narcotics Anonymous, Celebrate Recovery) meeting each day and a weekly house meeting. House meetings are mandatory. Clients must also attend a minimum of one (1) outside religious service (i.e., church, synagogue, bible study) each week.
  - Clients are required to perform house chores daily as assigned by an NBR staff member. Chores are to be a priority over anything other than work, meetings, court/PO appearances or medical appointments.
  - **SEARCHES:** All clients are subject to search of their person, their personal belongings, their rooms and surrounding areas at any time with or without cause or explanation. (Failure to submit to search will be treated in the same manner as having been found in possession of Zero Tolerance items, resulting in immediate dismissal from the NBR Program and the property thereof). Searches of client's rooms or personal belongings can be conducted with or without the presence of the client and with or without the permission of the clients.
  - All air units must **not be set lower than 74 degrees at any time**. Units must be turned off when clients leave their rooms. Violation of this rule is subject to fines, restrictions and/or dismissal.
  - Smoking is allowed designated areas only (the back of the house).

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- Clients must wear a shirt at all times when outside of their bedroom.
- Clients must keep personal belongings and personal areas neat, clean and orderly at all times.
- Clients must make their beds daily.
- Clients must shower at least once daily (No exceptions).
- Clients must wash and put away their own personal eating utensils after each use (i.e. plates, bowls, cups, silverware, etc).
- Clients are responsible for washing and folding their own linens (sheets, blankets, pillowcases, towels, washrags).
- Clients are authorized to wash three (3) loads of laundry per week in the on-site laundry facilities, which allows for two (2) (loads of personal laundry and one (1) load of personal linens. Sheets and bedding must be washed once per week.
- Clients are to turn lights off when they are finished using them and/or leaving the room. Clients are required to be out of bed by 7 AM and remain so until 3PM unless authorized by a staff member, excepting Saturday and Sunday. No TV between 7AM and 3PM
- Lights out will be at 10:30PM every night except Friday and Saturday nights when this time is extended until Midnight (12AM). Lights out Friday and Saturday is 12:00AM.
- When answering the house phone, clients are to do so politely and professionally (greeting the caller in a kindly, helpful manner, identifying oneself, then transferring the call or taking a message which includes the call back number, any message the caller wishes to leave and the time/date of call).
- Clients who are dismissed from NBR or decides to leave on their own free will must collect their personal belongings (under staff supervision) within one (1) hour of said dismissal. Any belongings not collected within one hour of dismissal will be considered donations to NBR. Client's personal property is subject to be held by NBR until the client's financial obligation is completely satisfied.
- Store-stops are a privilege and not a right. Store-stops will be conducted at the discretion of NBR Program Coordinator. Client's will conduct themselves in a professional manner at all times while in the public.
- Fraternalizing with other clients from outside recovery programs / halfway houses is strictly prohibited without prior consent from an NBR staff member.
- If a client is fired from a job, the client is subject to dismissal from the program.

## ***New Beginnings Recovery, Inc.***

**\*House Rules and Regulations are subject to be revised at any given time\***

- By signing below, I understand that failure to comply with house rules and regulations will result in serious sanctions and/or penalties, including but not limited to fines, additional chores, or termination.
- By signing below, I understand that New Beginnings Recovery, Inc. is a Christian-Based organization and I will conduct myself in a professional manner at all times.
- By signing below, I understand that New Beginnings Recovery, Inc. Program is a 12-month program and that I will be required to work as a volunteer for New Beginnings Recovery, Inc. Volunteer work includes but not limited to: promotional work, community service work, grounds work on New Beginnings Recovery properties, fund raisers, etc. I understand that I will not be compensated for any of my time spent attending said events or any hands-on work in which I have provided.
- By signings below, I authorize New Beginnings Recovery, Inc. and/or any agent to process my debit card or check card for ANY remaining balance that I may owe to the organization towards my program fees. I authorize New Beginnings Recovery, Inc and/or any agent to complete this transaction with or without my presence. I understand that my signature is not required for this transaction.
- BY SIGNING BELOW, I AGREE THAT VIOLATION OF ANY OF THE ABOVE RULES IS SUFFICIENT GROUNDS FOR IMMEDIATE DISMISSAL. I WAVE ANY EVICTION PROCEEDINGS OTHERWISE APPLICABLE TO ALABAMA EVICTION LAWS. I UNDERSTAND THIS IS A PROGRAM AND NOT HOUSING RENTAL AGREEMENT. THEREFORE, I UNDERSTAND THAT I AM SUBJECT TO IMMEDIATE DISCHARGE OF SELF AND PERSONAL BELONGINGS AT ANY TIME FOR WITH OR WITHOUT CAUSE. ALL FEES ASSOCIATED WITH NEW BEGINNINGS RECOVERY ARE IN ACCORDANCE WITH PROGRAM FEES AND NOT HOUSING RENTAL FEES.

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Applicant Signature

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Witness Signature

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Date

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Date