



New Beginnings Recovery, Inc.

900 E. Renfroe Rd.

Talladega, AL 35160

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

newbeginningsrecovery@outlook.com

Director

Preston Smith

Coordinator

Chase Lackey

Dear Sir,

As requested, enclosed is an application and house rules to New Beginnings Recovery. Please 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. If your application is approved, you will receive a letter of acceptance.

New Beginnings 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. NBR provides transportation to medical appointments (primary care, dental, mental health, etc.) court appearances, probation/parole appointments, and any other legal obligations. Clients are also required to remain gainfully employed and willingly submit a urine sample for drug screens while participating 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 \$225.00.

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

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 (If Incarcerated, Include the Name of the Facility):

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: _____

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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/parole? YES NO If yes, 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 been charged/convicted with arson? YES NO

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

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

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

New Beginnings Recovery, Inc.

Do you have an attorney or any other legal representation? YES NO

If yes, who? _____ Phone: _____

Attorney Address: _____

Attorney Email: _____

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 \$225.00. 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.)? _____

New Beginnings Recovery, Inc.

Arrangement for payments: _____

Are you court ordered to pay child support? YES NO

Amount? _____ Are you behind? _____ YES NO

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? YES NO _____

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? _____

New Beginnings Recovery, Inc.

Explain: _____

Have you ever been diagnosed with Bipolar Disorder? YES NO

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 of 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 time?

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

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: _____

For *NEW BEGINNINGS RECOVERY, Inc.* Use Only

Approved Date for move in _____/_____/_____

Denied Reason _____

APPROVED BY _____

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

Driver's License No: _____ Driver's 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 BEGINNING 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 PARTICIPANT, 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 BEGINNING 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, AND/OR DEATH RESULTING FROM SAID 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 _____ DATE ____/____/____

New Beginnings Recovery, Inc.

INFORMED CONSENT FOR VERBAL/EMAIL EXCHANGE OF INFORMATION

I, _____, hereby consent to the verbal/email exchange of

(Print Name)

information between New Beginnings Recovery, Inc. staff and:

_____.

(Court, Probation, Parole, or Other Agency)

The purpose of and need for the disclosure is to inform the referral or other agency listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, attendance or lack of attendance at scheduled sessions, my cooperation with the program, prognosis, and any other information NBR staff deems necessary to provide to the above-named agency/person.

I understand that this consent remains in effect and cannot be revoked by me until I have been formally discharged from probation, parole, or other proceeding under which I was mandated into this program.

I understand that my information is protected by federal law 42 CFR Part 2 (alcohol and drug treatment) and 45 CFR Part 160 et. seq. (HIPAA) and cannot be disclosed without my written authorization unless otherwise allowed by law. This authorization expires when I no longer participate in the above listed program.

Signature: _____ Date: _____

Witness: _____ Date: _____

Letter of Authorization for Payroll Deposits/Debits

I, _____ (print name), do authorize any agent or representative from New Beginnings Recovery, Inc. to deposit my payroll check into New Beginnings Recovery, Inc.'s bank account. This is to include the processing/withdrawal of funds from a payroll debit card that has been issued to me by my employer without any other written consent or without my physical presence. I also understand that my payroll check will be cashed or payroll card will be debited and any available funds will be applied to my balance in the event of my dismissal.

Signature: _____

Date: ____/____/20____

Witness: _____

Date: ____/____/20____

New Beginnings Recovery, Inc.

Release of Personal Property

I, _____ (print name), do hereby release any/all of my personal belongings (wallet, check/money, cell phone, clothing, etc.) in/after the event of my dismissal from New Beginnings Recovery Program to the person/persons stated below:

Person 1: _____ Relation: _____

Person 2: _____ Relation: _____

Person 3: _____ Relation: _____

Signed: _____

Date: ____/____/20____

Witness: _____

Date: ____/____/20____

New Beginnings Recovery, Inc.

Personal Mail

I _____ (print name) give permission for any general correspondence, special mail, and/or packages addressed to me to be **Opened, Read, and Inspected** by a representing agent of New Beginnings Recovery, Inc. before being delivered to myself. Again, I understand that a representing agent of New Beginnings Recovery, Inc. may open and read my general correspondence.

Signature: _____

Date: ____/____/20____

Witness: _____

Date: ____/____/20____

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 \$225.00 plus 80% of their income will be 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** (with the exception of clients receiving 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**: Available pass weekends occur on the 1st and 3rd weekend of every month. Client eligibility for passes is as follows: After 120 days, with fees and chores caught up completely and with permission from the ordering institution (court/legal system), clients are eligible for a 48-hour pass once per month on either the 1st OR 3rd weekend of each calendar month. After 240 days, with fees and chores caught up completely and with permission from the ordering institution (court/legal system), clients are eligible for a 48-hour pass on both the 1st AND 3rd weekend of each calendar month. Passes are a privilege and not a right, therefore pass approvals and times will be determined by an authorized NBR staff member upon review of the pass requisition form. Pass requisition forms must be submitted no later than Wednesday of the week of pass. Any pass requisition form submitted after Wednesday of the week of pass will be denied. 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.
- **VISITATIONS**: All clients are eligible for visitation upon arrival to the program. Family and friends are welcome for visitation. Visitations occur on scheduled visitation dates from 1pm-4pm here at the center. ALL visitors are to sign in on the visitation log provided. Visitors will remain in the day-room or in the designated area to the rear of the facility. Clients are not allowed to greet or fellowship with visitors outside of the day-room or designated area in the rear of the facility. Clients are not allowed in or around the vehicle of any visitor. Clients not participating in visitation are to stay out of designated visitation areas for the duration of visitation hours of 1pm-4pm. (Smoking will be allowed on the side of the facility during

New Beginnings Recovery, Inc.

visitation only) Visitations are a privilege and not a right.

- **MEETINGS:** Recovery meetings are held three (3) times daily in the facility at the following times: 8:00 a.m., 1:30 p.m., 7:30 p.m. All clients present in the facility are required to attend all scheduled recovery meetings. Regardless of work schedule, all clients are required to attend a minimum of one (1) Recovery meeting daily. House meetings will be held a minimum of two (2) times per month at 9:00 a.m. on Sundays. If a client is unable to attend a meeting, it is the responsibility of the client to ascertain any information covered in that meeting.
- **CHURCH ATTENDANCE:** All clients are required to attend all church services when present in the facility. This includes but is not limited to: Sunday church services and Celebrate Recovery. Regardless of work schedule, all clients are required to attend a minimum of one (1) church service weekly. Clients will conduct themselves in a respectful and profession manner while attending church services. Head coverings of any kind are not allowed during church services. Family members are encouraged to attend all church services.
- **CELL PHONE:** After 60 days, with fees and chores caught up completely and without any disciplinarys 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. Clients who have not yet received cell phone privileges or those said privileges have been suspended, are prohibited from using a fellow client's cell phone without prior consent from NBR staff.
- There is absolutely **zero tolerance** for use or possession of drugs and alcohol, including synthetic drugs. 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 narcotic medications are subject to immediate dismissal. Non-narcotic prescriptions must be approved by NBR staff. Approved prescriptions will be the sole responsibility of the client. NBR will NOT be liable for any lost or stolen medications.
- 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 possession, in their rooms or on NBR property. Such weapons include but are not limited to: firearms, ammunition, knives, etc. **(Zero Tolerance)**
- Borrowing/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 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 NBR property. Log will include time out/in, destination, and client initials or signature.

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- Drivers must log the vehicle time out/in on provided log sheet and include vehicle destination. 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.
- Drivers are only authorized to refuel NBR vehicles at a designated location determined by the Program Coordinator.
- NBR vehicles **WILL NOT** to be used for client's overnight passes. Clients are responsible to make arrangements for their own transportation while on pass.
- Leaving NBR property for any reason, by any means, without permission is strictly prohibited and will result in immediate dismissal.
- No smoking, eating or drinking inside NBR vehicles.
- Clients must attend all required 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 week and a daily house meeting. House meetings are mandatory. Clients must also attend a minimum of one 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 in designated areas only (the back of the house).
- Each client will be assigned a room number upon arrival. Under any circumstance, clients are NOT allowed to enter into another client's room without prior permission from NBR staff.
- Food that has been prepared in the kitchen must be eaten in the community serving area.
- Clients must keep personal belongings and personal areas neat, clean and orderly at all times.
- Clients must maintain a clean and orderly living space, which includes: making beds daily, empty trash cans, floors swept/vacuumed, no excessive clutter, etc.
- Clients must shower at least once daily. Individual shower time shall not exceed 10 minutes.
- 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 facility, 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.

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- Clients are required to be out of bed AND out of their room by 7 AM and remain so until 3PM unless authorized by a staff member, with the exception of Saturday and Sunday. Clients are to turn lights off when they are finished using them and/or leaving the room. 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 (12:00 AM). Lights out Friday and Saturday is 12:00AM.
- Radios, I-Pods and other personal entertainment devices must be used with personal headphones so as not to disturb fellow clients with extraneous noise.
- Clients are not allowed to answer the phone Monday-Friday during the hours of 8:00AM – 5:00 PM. When answering the house phone, clients are to do so politely and professionally. When taking a message, include the name and number of the caller.
- Clients who are dismissed from NBR or choose to leave on their own accord, will not be permitted to return to NBR for a minimum of 10 days. At that time, clients will be eligible to submit an application for re-entry.
- Clients who are dismissed from NBR or choose to leave on their own accord 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.
- Store-stops are a privilege and not a right. Store-stops will be conducted at the discretion of NBR Program Coordinator. Clients will conduct themselves in a professional manner at all times while in the public.
- Fraternalizing with members of any other recovery program / halfway house is strictly prohibited without prior consent from an NBR staff member.
- If a client is unable to report to his place of employment for his scheduled shift for any reason, the client is required to notify his employer and NBR program coordinator at least 30 minutes prior to the start of the shift. Failure to comply may result in immediate dismissal.
- Clients are not permitted to have visitors of any kind outside of NBR property, including their place of employment.
- Clients are not allowed to leave their place of employment for any reason without permission from an authorized NBR staff member.
- If a client is terminated from a job, the client is subject to dismissal.

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

New Beginnings Recovery, Inc.

- 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.

Applicant Signature

Witness Signature

Date

Date