



RESIDENCE APPLICATION

Discovery/Daniel House Rules and Regulations

1. This is a recovery residence. No drugs or alcohol will be allowed or used on the property. You will be asked to complete a drug and alcohol screening upon arrival as well as randomly per staff request. Refusal to test will result in an assumed positive test.
2. Weapons, Pornography, and Gambling of any kind is not allowed. This includes scratch tickets.
3. Bags will be searched upon arrival. Your room will be searched unannounced periodically. You are expected to keep your room clean at all times. **NO FOOD OR DISHES IN THE BEDROOMS!**
4. You must sign in and out whenever leaving or arriving at the house. Location, date and time must be legible.
5. For the first 30 days of your stay, you are only allowed to leave with a senior resident, staff, or sponsor. This is your time to focus on self-care and building your community of support. We ask that you try to attend 30 meetings in these 30 days as well as obtain a sponsor. After the first 30 days, attending at least 3-12 step meetings per week is mandatory. Residents are required to get a meeting sheet signed at each meeting and bring it to Bible study on Wednesday night.
6. Guests/visitors are welcome in the designated visitor areas only. If meeting with a provider, please request to reserve a private meeting room. **NO** overnight guests. "Tours" will be arranged and approved by staff.
7. All residents are required to attend a church service of their choice weekly and bring back a bulletin to Bible study on Wednesday night.
8. Attendance at the Wednesday night house meal and Bible study starting at 5:00 pm is mandatory. It is requested that your schedule allows for this each week.
9. Chores are assigned biweekly and are posted in the designated location for each house. Chores are to be kept up every day. They will be checked and signed off each week on Wednesdays and Sundays.
10. A Residential Fee of \$75 per week is due at the beginning of each week. If you are unable to pay, you are required to communicate with staff about how you will pay going forward and what you will do to catch up on past due fees. There is a one-time, non-refundable administrative fee of \$150 due at the time of admission. If you are unable to pay part or all of the fees, you may apply for assistance with a repayment plan.

11. This program is intended to be 12 months long, at the end of 12 months extensions may be granted at the discretion of the director and staff.
12. You are responsible for arranging your own transportation.
13. You must respect other members of the house AND the staff.
14. This is a smoke-free environment. No Vapes. No burning candles or incense. This is a fire hazard. There are designated smoking areas outside. Please use the provided containers for cigarette butts.
15. Curfew is 10 pm. Overnight requests must be submitted in writing at least 24 hours in advance. A signed approval is needed **before** leaving.
16. You are expected to be in your room during quiet hours from 11pm-7am. Work schedules are the exception. Any leisure or social activities outside of these hours must be done with respect for other residents. The only time bedroom doors should be locked is during quiet hours.
17. Each day starts no later than 9 am, there are always things you can be doing around the house. Remember, you cannot do this alone, being around your peers is an important part of this program.
18. NO ONE is allowed in other residents' rooms. NO ONE is allowed in the bathroom with another resident. NO sexual contact is allowed. There is a **ZERO** tolerance policy on this!
19. Food- No name is fair game unless it is in the freezer. We do not get many frozen food donations. Always check before eating food from the freezers. Eating other people's food is stealing.
20. Your personal belongings can be held for 72 hrs after you leave. If you do not pick them up within 72 hrs your items become the property of Discovery House and could be donated to local charities at the Director's discretion.
21. This is a faith-based home. Please present yourself in such a way. This includes speaking, acting, what is on tv, music, ect. Wear appropriate clothing.
22. We are a home for individuals wanting to make positive changes in their lives. This includes working a program of recovery. Glorifying drugs or alcohol in any way is not allowed.
23. Any violation of these rules can result in a write-up and/or being asked to leave.

24. Everyone here, including staff, is a person with feelings, a past AND a future. There is zero tolerance for negativity, bullying, harassment, gossip, disrespect, etc. If there is a concern, bring it to one of the staff.

_____ **The residents, staff, and guests are subject to audio and video surveillance and recording.**
(initial here)

**These rules are subject to change at the Director's discretion.*

(Print full name)

(Sign name)

(Date)

(Witness signature)

(Date)

PERSONAL INFORMATION				
First Name		Last Name		
SSN				
Address				
City		State	Zip	
Phone			Email	

EMERGENCY CONTACT INFORMATION		
First Name		Last Name
Phone		

BACKGROUND & MEDICAL		
How long have you been sober/clean?		
What is your drug of choice?		
What medications are you prescribed?		
How long have you taken those medications?		
List health conditions we should know about.		
Doctor's Name & Address		
Clinic or Hospital Name		Doctor's Phone

What have you done in the past to obtain/maintain your sober/clean lifestyle?

What do you identify as triggers for yourself?

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What do you expect to receive from Discovery House?

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What do you expect of yourself?

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Have you or someone you love currently or previously been a resident at Discovery House?
If so, who and when?

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Please read the HOUSE RULES and SIGN & DATE application

Signature	
Printed Name	
Date	

DISCOVERY HOUSE INFORMATION SHEET

Name: _____

Birthdate: _____ Place of Birth: _____

SSN: _____ Gender: _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

State of Driver's License: _____

Driver's License Number: _____

Previous States Resided In:

State: _____

I, _____, give the Spirit Lake and/or Spencer Police Departments permission to run a records check and the authority to share it with the Discovery House.

Signature: _____

Date/Time _____