



# PROGRAM

APPLICATION FOR ADMISSION

WHEN COMPLETED PLEASE EMAIL TO  
[SPLUSCOMMUNITYOUTREACH@GMAIL.COM](mailto:SPLUSCOMMUNITYOUTREACH@GMAIL.COM)



**ACKNOWLEDGEMENT BY RESIDENT**

In choosing to live at the HOSCO 2746 Arsenal Avenue in St. Louis, Missouri(the "Residence"), a sober living environment, you are agreeing to abide by the following rules and expectations:

- 1. No use of mood-altering chemicals including alcohol
- 2. No exclusive relationship with any guest of the Residence
- 3. No violence or threats of violence
- 4. No self-harm including eating disorders subject to case management

Violations of any of these rules will be grounds for immediate dismissal from the Residence. You will not receive a refund of your sober house deposit.

**WE EXPECT**

- 1. Residents must be fully detoxed from all substances prior to move-in. We House requires a minimum of 30 days sober or per staff decision.
- 2. Residents are expected to keep their bedrooms neat and clean at all times. Beds are to be made by llam and checked by the housing manager.
- 3. Shared spaces in the common areas are to be kept neat and tidy by Residents. Weekly chores are assigned by the House Manager and checked before the House Meeting.
- 4. Residents are expected to be good neighbors. A good neighbor is respectful of personal property, mindful of noise and loud activity and polite when speaking to other residents.
- 5. Residents are required to participate in a 12-step program of their choice. We require a minimum of 3 meetings a week.
- 6. Residents are required to be actively meeting with a sponsor and working the 12 steps.
  - a. HOSCO House has a weekly mandatory house meeting on Wednesday nights to discuss house chores, community issues, recovery progress, work & IOP attendance and permission requests.
- 7. Big Book Study on Wednesday nights following the House Meeting is mandatory.
- 8. Curfew is 11pm Monday through Thursday and 1am Friday through Sunday. ll. Residents must sign in and sign out whenever leaving the property with a brief description of where they are going.
- 9. Clients are eligible for overnights after 30 days of residency. All overnights must be presented at the House meeting on Mondays.
- 10. GUESTS are not allowed on the property without prior permission from Staff & residents.
- 11. Only residents are permitted to be in the bedrooms. Clients may have guests in shared common spaces only.
- 12. HOSCO has no tolerance for stealing, substance use and/or possession of property, violence, threats or self-harming behavior. Residents who engage in any of these behaviors are subject to be asked to leave immediately.
- 13. Residents are assigned designated food storage space in pantries and refrigerators.
- 14. All residents are required to keep personal medications stored on property in always provided lock boxes.

Resident Name \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Name \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPLICATION

Date of Application \_\_\_\_\_

Full legal name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

SSN# \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Children Y \_\_\_ N \_\_\_

Names / Ages \_\_\_\_\_ Names / Ages \_\_\_\_\_

Names / Ages \_\_\_\_\_ Names / Ages \_\_\_\_\_

Marital Status S M D W P \_\_\_\_\_

Name \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Are you currently employed? Y \_\_\_ N \_\_\_

Employer \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ License \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**LEGAL INFORMATION**

Probation Y \_\_\_ N \_\_\_

Parole Y \_\_\_ N \_\_\_

Outstanding Warrants Y \_\_\_ N \_\_\_

Have you ever been convicted of any violent or sexual crimes? Y \_\_\_ N \_\_\_

Supervision Officer Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Has a release of information been signed Y \_\_\_ N \_\_\_

Do you want us to report your progress to your probation officer Y \_\_\_ N \_\_\_

**SUBSTANCE ABUSE HISTORY**

Drug of Choice \_\_\_\_\_

Sobriety Date \_\_\_\_\_ Longest Period of Sobriety \_\_\_\_\_

Drug of Choice \_\_\_\_\_

Recent Treatment Center \_\_\_\_\_ Length \_\_\_\_\_

Intensive Outpatient Program (IOP): \_\_\_\_\_

Do you have a sponsor Y \_\_\_ N \_\_\_

Name \_\_\_\_\_

Cell \_\_\_\_\_

12 Step Program of Participation: AA \_\_\_ NA \_\_\_ Other: \_\_\_\_\_

Home Group \_\_\_\_\_

Service Commitment: Y \_\_\_ N \_\_\_

**MENTAL HEALTH HISTORY**

Mental Health Diagnosis: (Anxiety, Major Depressive Disorder, Bipolar I/II/III, ADHD, Schizophrenia, Borderline Personality Disorder, Eating Disorders, Self Harm, etc.)

---

---

---

---

Current Medications with Dose:

---

---

---

---

Current Suicidal or Homicidal Ideation: Y \_\_\_\_\_ N \_\_\_\_\_

Previous Hospitalizations for Mental Health: \_\_\_\_\_

---

**MEDICAL HISTORY**

Please list any ongoing Medical Conditions: (Diabetes I/II, Seizure Disorders, Neurological Conditions, Cancer, HIV/AIDS, Immune Disorders, PMDD, etc.)

---

---

---

Current Medications with Dose:

---

---

---

---

Allergies: \_\_\_\_\_

### **MEDICATIONS NOT PERMITTED IN THE WE PROGRAM HOUSE:**

**Residents are prohibited from taking any narcotic medications**, including pain medications (Percocet, Hydrocodone, Fentanyl), sleeping medication (Lunesta, Ambien), stimulants (Concerta, Adderall, Vyvanse, Ritalin), muscle relaxers and benzodiazepines (Xanax, Ativan, and Klonopin). Cold & flu medicines (NyQuil, Codeine, Robatussin) and mouthwashes that contain alcohol are also prohibited. All other approved medicines must be self-administered by residents who are responsible for obtaining their own refills, as needed.

Herbal Supplements such as Kratom, THC8, Kava Kava and Valerian Root are not permitted.

### **ZERO TOLERANCE POLICY:**

To maintain a supportive, safe and sober living environment for all our residents and staff, the We Program has a strict **“no tolerance”** policy for the following behaviors/actions:

#### **Violation of any of the following will result in immediate dismissal:**

1. Violence or threats of violence
2. Weapons of any kind
3. Stealing of any kind
4. Bullying of any kind
5. Sexual harassment
6. Racial or sexual slurs
7. Destruction of property
8. Use or possession of drugs, alcohol and/or banned substances on or off property
9. Sexual relations or intimate bodily contact with another NSR resident, staff or volunteer.
10. Sex in any We Program home is not permitted. All are grounds for immediate dismissal.
11. Abuse of over-the-counter or prescription medication
12. Smoking, vaping, lighting candles, or incense inside the homes. No smoking or vaping – designated smoking areas ONLY.
13. Refusal to give a urine screen or breathalyzer will result in immediate dismissal
14. Not currently using Suboxone, Methadone, K2, Kratom, Spice, or any other controlled substance, including but not limited to, Valerian root, Kava Kava, diet pills, or “bath salts.”

**Residents who have participated in any of these behaviors/actions may be required to leave the property/program immediately.**

**ACKNOWLEDGEMENT BY RESIDENT**

I realize that the HOSCO Sober Living Program to which I am applying for residency has been established in compliance with the conditions of 2036 Federal Anti-Drug Act of 1988, P.L. 100-690, as amended, which provides that the house will:

1) Prohibit all residents from using any alcohol or illegal mind-altering substances. 2) Expel any resident who violates such prohibition.

-I have been provided with a copy of and have fully read and fully understand the expectations and responsibilities for the HOSCO House Sober Living Residence. -I am currently of sound mind and not under the influence of any drugs or alcohol. -I agree that I am a participant in a program and not a tenant. I agree that I am not protected by, nor will I invoke any protections of local landlord tenant laws. If it is found that local landlord tenant law applies, I hereby renounce any rights that I may or may not have relating to the same.

-I agree that I will participate in the HOSCO House program of residency and will abide by its rules and expectations.

-I agree that if I violate any of the rules and expectations, I can be expelled from the HOSCO House Program of Sober Living and forfeit any rights to my sober deposit and a refund or prorated shared living amount.

-I agree that if I am expelled from the HOSCO Program of Sober Living, I forfeit my sober deposit and prepaid program fees.

-I hereby release and hold harmless HOSCO House Sober Living Program from any and all lawsuits that may be brought by me, any member of my family and in perpetuity for any sort of action whatsoever.

---

Printed Name

Resident Signature

Date

---

Printed Name

Witness Signature

Date



## ADMISSION RIGHTS

Each resident of HOSCO Program, LLC has rights that the staff will safeguard during your stay. You have a right to:

1. Humane care in an environment that supports your recovery.
2. Be free from verbal and physical abuse. Choose your recovery goals.
3. Participate actively in your recovery.
4. Expect required services to occur during scheduled times and at designated locations.
5. Expect reasonable continuity of care, which includes schedules of services and at what times staff and services are available.
6. Be given information regarding informed consent.
7. Receive information regarding cost.
8. Be informed of the costs, potential benefits, and potential negative consequences of participating in this program.
9. Confidential records that are accessible only to designated staff which can also be released to others outside of HOSCO Program, LLC, only with your written permission except as allowed by state and federal law.
10. Be referred to subsequent services upon leaving or transfer from this facility.
11. Retain personal property that does not jeopardize your or others' safety or health.
12. Receive and send unopened mail. I will always open received mail in the presence of a staff member when requested. \_\_\_\_\_
13. Be referred to subsequent services upon leaving or transfer from this facility. \_\_\_\_\_
14. Retain personal property that does not jeopardize your or others' safety or health. \_\_\_\_\_
15. Receive and send unopened mail. I will always open received mail in the presence of a staff member when requested.

I have been informed at admission of my rights as listed above.

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

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

## CONFIDENTIALITY AGREEMENT

The confidentiality of recovering persons living in a supportive living environment can be protected under Federal Law 42 CFR, which protects residents from anyone outside of the program having knowledge of their participation in the program without the resident's specific permission. No information regarding a resident of HOSCO LLC may be released to anyone outside of the program unless:

1. The resident has signed a consent form to that person/agency
2. A court order is issued to HOSCO LLC regarding the information on the resident.
3. Medical personnel require the information in a medical emergency.
4. The resident threatens to harm herself or someone else.

Federal Law does not protect a resident if they commit a crime against anyone at HOSCO, LLC. Also, Federal Law does not restrict sharing of information regarding reported child abuse/neglect to appropriate state and local authorities.

These laws apply not only to the staff, board members, and volunteers of HOSCO, LLC, but to the residents as well.

I, \_\_\_\_\_ (resident name), agree to not reveal to anyone outside of the HOSCO, LLC program, the name, identity or description of another resident. I also agree to not discuss the content of conversations or groups with anyone outside of HOSCO, LLC. This includes sharing at 12 Step meetings.

I agree to inform staff if any of my peers reveal any information about themselves or another resident that may be a cause for concern.

Resident Name \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRIMARY PROGRAM FINANCIAL AGREEMENT**

Resident: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Social Security# \_\_\_\_\_

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

residence fees are \$ 925.00-1.250.00/ month

I understand the security deposit is \$ 500.00

I understand that I can be refunded the Security Deposit if:

1. Fulfill the minimum commitment of 3-6 months
2. With no major rule violations within 30 days prior to discharge
3. With 30 days notice prior to discharge
4. With no damage to property
5. And no outstanding balance owed
6. Having not forfeited my sober deposit due to relapse & Re-Admission

In acceptance of the Financial Agreement with HOSCO, LLC. I agree that to qualify for the HOSCO I must adhere to the attached Rules and Regulations and agree to make scheduled payments when due. I further understand that failure to make payments when due may result in my discharge from HOSCO. Any unpaid account balance at the time of discharge is subject to the cost of collections and lawyer fees if required.

**PROMISE TO PAY ACCOUNT**

For and in consideration of services to be rendered I promise to pay HOSCO, LLC all its charges rendered to me from admission to discharge. I understand that the total of such charges are due to payable according to this Financial Agreement.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

## RELAPSE AND DISCHARGE POLICY

We understand that Relapse is part of Addiction not part of Recovery. HOSCO takes great measures to ensure the safety of the Resident's and Staff in the event of a relapse. Upon moving into HOSCO house, we ask that you develop a safety policy in case of relapse or being asked to discharge. In case of relapse we ask that you be taken to a hospital, detox or treatment center. If you are unwilling to go to either of these options, you are allowed to arrange your own transport to be picked up immediately from the property. Once you have left the property you will not be allowed to return until you are sober and have coordinated picking up your personal belongings with the live-in house manager or staff. You are not allowed at the house or on the property unless Staff is present and aware.

We ask you to sign a Release of Information and Emergency Contact that authorizes HOSCO to contact these safe people if you are under the influence. We do this to ensure the safety of the other women residents, the property and most of all you. HOSCO also has the right to search your personal belongings while on the property. In the case you are unwilling to leave the property or are a threat to yourself or others, HOSCO has the right to contact the Police/Crisis Workers for you to be removed from the property and taken to a safe place.

HOSCO gives each former resident 30 days to pick up their personal belongings from the property with a Staff member present. If a former resident is unable to pick up their belongings due to being in treatment center, jail or facility, then HOSCO allows one of their emergency contacts to arrange the pick up of belongings. HOSCO may also hold the belongings until the former resident re-admits after completing treatment.

After 30 days, personal belongings left on property will be donated to charity and you will be notified 48 hours before donation.

\_\_\_\_\_  
Resident Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**RELEASE OF INFORMATION FOR EMERGENCY PURPOSES**

In the case Resident relapse or being asked discharge from HOSCO,

I hereby authorize; HOSCO to contact the following individuals to assist in my Safety and the safety of the house:

1. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Resident Name \_\_\_\_\_ Date \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Name \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

