



Phone 775-738-8004 Fax 738-738-2625  
vc\_counselor5@frontiernet.net  
vitalityunlimited.org

***Instilling Hopes...Restoring Lives***  
- Mission Statement

**Application Minimum 90 Day Program**

Vitality SAGE House is a transitional residential program for adult men and women that are **SINCERELY** dedicated to achieving and maintaining a sober, productive lifestyle. *(We are unable to accept residents/clients with histories of sober acts of violence or sex offenders and do not serve house arrest clients)*

Name \_\_\_\_\_

Date \_\_\_\_\_

Bed date/ release date requested  
\_\_\_\_\_

Current Address (Applicant **MUST** fill in an address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NDOC# \_\_\_\_\_

Caseworker:  
\_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Social Security # \_\_\_\_\_

Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, do you have your DD214? Yes \_\_\_\_\_  
No \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age \_\_\_\_\_

Spouse phone number \_\_\_\_\_

Do you have a state issued identification card? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a vehicle? \_\_\_\_\_

If so, please provide:

- A. Drivers License #
- B. Proof of Insurance
- C. Registration

Do you have children if so how many?  
Y \_\_\_ N \_\_\_

Number of minor children with disabilities. \_\_\_\_\_

Are you seeking to be reunited?  
Y \_\_\_ N \_\_\_

Felonies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a job? Yes \_\_\_\_\_ No \_\_\_\_\_  
Where \_\_\_\_\_  
Phone Number \_\_\_\_\_

If not currently employed how you do intend to pay the fees  
\_\_\_\_\_  
\_\_\_\_\_

What is your highest education level?  
\_\_\_\_\_

Have you completed a drug/alcohol rehabilitation program or had an substance abuse evaluation: Yes \_\_\_\_\_  
No \_\_\_\_\_

If No, are you willing to do Outpatient treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Primary Drug: \_\_\_\_\_

Last use date: \_\_\_\_\_

Method of use: \_\_\_\_\_  
Secondary drug \_\_\_\_\_  
Last use date: \_\_\_\_\_  
Method of use: \_\_\_\_\_

Phone Number \_\_\_\_\_  
Closest Living Relative \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Do you or would you attend regular 12 step meetings? Y \_\_\_\_\_ N \_\_\_\_\_

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

Do you have a 12 step service commitment? Y \_\_\_\_\_ N \_\_\_\_\_

Are you willing to attend 12 step meetings, get a sponsor and a service commitment? Y \_\_\_\_\_ N \_\_\_\_\_

Do you agree to maintain complete abstinence from all mind and mood altering substances and gambling for the duration of the time in the program? Y \_\_\_\_\_ N \_\_\_\_\_

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

Do you agree to random drug/alcohol testing? Y \_\_\_\_\_ N \_\_\_\_\_

Medical and/or Mental Health issues:

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

Do you have a current two part TB test? Yes \_\_\_\_\_ No \_\_\_\_\_

**This 2 part TB test is your responsibility to ensure that the facility gets a copy. If we do not receive a copy before your arrival you will not be allowed to participate.**

**Please supply prior to entry.**

Current Medications: \_\_\_\_\_

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

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

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

Food Allergies \_\_\_\_\_

Medical Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

### **90 Day Program**

### **I UNDERSTAND AND AGREE TO COMMIT TO THIS TRANSITIONAL RESIDENTIAL PROGRAM.**

**I am committed to my recovery and willing to participate fully in this rehabilitation process.**

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

**Fees are \$150.00 a week and are paid in advance.**

To insure that your bed in the program may be filled without interruption, *you must give AT LEAST one week move out notice.*

Fees are due weekly by Friday before 8:00 pm.

If accepted, it is **your** responsibility to inform us of your eligibility date, so a timely bed date can be set for you.

**The Sage House Program has Community Rules that you are expected to read and understand before entering the program.**

1. **Alcohol and/or narcotic consumption and gambling are forbidden at any time during residency, on or off premises. Noncompliance will be mandatory dismissal. Also covering up for a resident that is breaking this rule is mandatory dismissal.**
2. Clients will agree to random drug and/or alcohol testing. Staff has the right to search your possessions if drug and/or alcohol use or trafficking is suspected.
3. Stealing will not be tolerated. All residents will be responsible for their own possessions and Sage us is NOT liable or responsible for missing items.
4. Violence, including verbal abuse, **yelling**, is strictly forbidden. **All Weapons are forbidden.**
5. Sexual conduct will not be allowed on the premises..
6. There will be no smoking in the house. Smoking only in *designated area* outside, and then you must clean up after yourself.
7. All applicable residents will be expected to have jobs or be actively searching for one. If you move in without a job or money you will have ten days to be employed! Residents looking for employment need be to out looking from 7:00-4:30 until employed. *Residents may work no more than 40 hours a week. This is to insure time for the program of recovery.*
8. Curfew will be 10:00 Pm Sun-Thur, 11:00Am Fri & Sat. Exceptions for shift work only. New residents looking for work have an 8:00 PM curfew until employed. If you are behind on your fees your curfew is 8:00PM.
9. Personal cleanliness is a must. Your area **MUST** be kept neat and clean. Beds made daily, clothes put up, and drawers neat and tidy. Weekly dusting and vacuuming, bed sheets, etc. Chores will be assigned weekly at the house meeting. After the chores are completed for the day each person will be responsible to clean up after themselves. No televisions until the chores are done.
10. Kindness, tolerance and respect will be practiced in all communications. **Yelling**, teasing, bullying and shunning are unacceptable behavior in a peaceful, supportive home. If you have a comment or complaint against another client or staff member, be prepared to communicate maturely and to their face.
11. All residents will be expected to attend recovery meetings (3 a week). Attendance slips will be checked.
12. There is a **MANDATORY** weekly meeting each Friday at 5:30 PM. Be prepared to tell prospective employers that you must be available at that time.
13. Cell phone must be turned off after 10:00.
14. Guest must be cleared in advance with a member of the staff. Guest are allowed in community rooms only.
15. TV goes off at 10:00 and all residents should quiet down after 10:00.
16. Please observe and obey all posted signs.
17. In the instance of illness staff **MUST** be notified. Residents must disclose to the physician that they are in recovery from substance abuse and should not be prescribed narcotic drugs, **NO OPIATES, MORPHINE, VICODIN, METHADONE OR**

**Benzodiazepines** (Xanax®), chlordiazepoxide (librium®), clorazepate (Tranxene®), diazepam (Valium®), halazepam (Paxipam®), lorazepam (Ativan®), oxazepam (Serax®), prazepam (Centrax®), and quazepam (Doral®). Clonazepam (Klonopin®), diazepam, and clorazepate ). **No Methadone.**

18. All prescribed medication is self monitored and **The SAGE House is not responsible for your medications.** All medications must be kept in a lock box and out of plain sight. If you abuse your medications it will become apparent and you may be asked to leave.
19. Overnight passes may be issued to residents in good standing in the home, *after one month of residency and secured employment, current on fees and chores, meetings and sponsorship.* Clients must fill out an overnight pass form 24 hours in advance and have it approved by staff.
20. Sign in/out sheet indicating your name, time, and destination.
21. Attendance is necessary for all mandatory group and house meetings. **PAYMENT OF PROGRAM FEES TO THE SAGE HOUSE COMES FIRST! Residents behind on fees MUST BRING THEIR CHECK STUBS TO MANAGEMENT TO BE REVEIWD FOR REASONABLE PAYMENT. FAILURE TO DO SO WILL RESULT IN IMMEDIATE DISMISSAL. When you move out you must take your personal belonging with you! If you do not remove your belongings within 7 days, they will be considered abandoned.**

*to leave without incident if asked. I have read and agree to ALL of these terms.*

**Signature** \_\_\_\_\_

**Below, in your own words, describe why you want to live at SAGE, what you think you can receive and what you have to give others.:**

**Violation of these rules can result in Dismissal from the program and I agree**

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