



Seeds of  
EDEN

## Application for Recovery Housing Washburn--Men's Only

(please email applications/code of conduct to [info@seedsofeden.net](mailto:info@seedsofeden.net))

Resident Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Sex (biology at birth): (CIRCLE ONE)                      Male                      Female

Marital Status (CIRCLE ONE):      Single              Married              Separated              Divorced              Widowed

Do you have Children? (names & ages) \_\_\_\_\_

Are you on probation or parole?              Yes              No

Probation Officer Name and Phone Number: \_\_\_\_\_

Referral Source to SEEDS OF EDEN: \_\_\_\_\_

Are you awaiting sentencing? \_\_\_\_\_

Highest Grade of Education Completed (Circle):              High School              H.S. Diploma              GED              College

Criminal History: \_\_\_\_\_

Are there any restraining orders against you or by you?              Yes              No

Who & relationship: \_\_\_\_\_

How do you identify yourself?              Alcoholic              Drug Addict              Both

How long have you been using drugs and alcohol? \_\_\_\_\_

Are you an IV user? \_\_\_\_\_ Mental Health Diagnosis? What type? \_\_\_\_\_

List all drugs used in the last two years: \_\_\_\_\_

Last drug used and when: \_\_\_\_\_

Date of sobriety (first date of no alcohol and/or drugs: \_\_\_\_\_

Have you ever overdosed?            Yes            No            Did this require medical treatment? \_\_\_\_\_

List your triggers: \_\_\_\_\_

Are you a Christian? \_\_\_\_\_ Are you willing to attend church service regularly? \_\_\_\_\_

Would you like a Christian mentor? \_\_\_\_\_

Have you completed inpatient or outpatient treatment? Where? When? \_\_\_\_\_

Prior Treatment facilities and/or programs? \_\_\_\_\_

Physical Health Diagnosis': \_\_\_\_\_

Substance Abuse Diagnosis': \_\_\_\_\_

List all prescribed medications: \_\_\_\_\_

Are you on Free Through Recovery or Community Connect?            Yes            No

*\*\*staff to complete necessary application if resident is NOT on FTR or community connect complete?*

Name of Care Coordinator and FTR/Community Connect Provider: \_\_\_\_\_

Do you have health insurance? If so...what type? \_\_\_\_\_

Do you have Medicaid?            Yes            No            Medicaid Number: \_\_\_\_\_

Do you have EBT?            Yes            No

*\*\*staff to complete necessary applications for Medicaid and/or EBT complete?* \_\_\_\_\_

Have you utilized the ND state recovery housing voucher before?:            Yes            No

If so, how many weeks were utilized in the past year?: \_\_\_\_\_

List three goals for yourself:

Strengths/Weaknesses:

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

Sober Support System? (names): \_\_\_\_\_

**IMPORTANT CONTACTS:**

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

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

Probation/Parole Officer: \_\_\_\_\_

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

Attorney: \_\_\_\_\_

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

Pastor: \_\_\_\_\_

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

Employer: \_\_\_\_\_

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

Care Coordinator: \_\_\_\_\_

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

NA or AA Sponsor: \_\_\_\_\_

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

Case Manager (NCHSC, etc.): \_\_\_\_\_

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



Signature of Parent/Guardian/Custodian (if needed and Relation): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness (if needed): \_\_\_\_\_ Date : \_\_\_\_\_

**CHECK IF APPLICABLE - NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS**

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**NOTICE:** Except for information subject to 42 CFR Part 2, information disclosed to another entity may potentially be redisclosed, in which case it may not be protected by state or federal law.

**DISTRIBUTION:**

- To agency/person from whom information is sought
- Requesting Agency

- Client
- Other



## CODE OF CONDUCT & RULES

### **PLEASE READ CAREFULLY...THE AGREEMENT BETWEEN RESIDENTS AND SEEDS OF EDEN**

SEEDS OF EDEN is a FAITH-BASED recovery housing home designed to support adult men (biologically male at birth), 18 and older who are in recovery from substance abuse.

We are here to support your recovery with a sober and supportive atmosphere which is centered around faith in Jesus Christ, along with the appropriate structure and guidance to hold you accountable to the rules and guidelines listed below.

Violation or failure to comply with the following rules is grounds for immediate discharge from SEEDS OF EDEN. If you are mandated by parole, probation, or a court authority, and you are discharged for any reason, SEEDS OF EDEN will report this immediately to your supervising officer. We will also notify the listed emergency contact. Refunds are not permissible under any circumstances.

Law Enforcement such as parole/probation officers are granted access to the SEEDS OF EDEN home and information at any time.

**1. SUBSTANCES:** NO use of alcohol, mind altering and/or mood-changing drugs of any kind. SEEDS OF EDEN is a no-tolerance recovery housing home.

- a. If someone assists or allows another resident to use drugs and/or alcohol (this includes not informing a staff member of another resident's violation), you will be immediately discharged from SEEDS OF EDEN.
- b. Residents are not allowed to work in, or go into, any alcohol-serving or adult entertainment establishments while at SEEDS OF EDEN, including but not limited to bars, nightclubs, or casinos.
- c. Medical Marijuana is not allowed at SEEDS OF EDEN.
- d. Opioid-assisted medication is not permitted by residents of SEEDS OF EDEN.
- e. Cigarettes are allowed on site, but residents are not allowed to VAPE or SMOKE on site.

**2. MEDICATION:** Residents of SEEDS OF EDEN manage their own medications

- a. All doctor prescribed medication and all over-the-counter drugs MUST be approved.
- b. Applications must identify all medications a person is taking and for what condition.
- c. If applicant is on a controlled substance, a lock box will be provided to ensure safety of others in the home. You may be subject to a count of medication.
- d. To ensure coordination of care you will be asked to sign a release of information for the prescribing doctor.
- e. Residents will notify staff of medication changes, including supplements.
- f. Residents of SEEDS OF EDEN may not use mouthwash, or any other product, unless it is alcohol-free.
- g. Residents who have a medical marijuana card are not permitted to use it during their stay at SEEDS OF EDEN

- 3. MEDICAL:** Residents are responsible for their own medical conditions
- a. SEEDS OF EDEN is not liable for any resident at any time.
  - b. Residents must inform house manager of all medical appointments in advance.
- 4. DRUG/ALCOHOL TESTING:** Residents must submit to urine drug screens and/or breath tests upon request and at random
- a. Refusal to submit to a drug screen and/or breath test will be considered a positive test
  - b. Once asked for a urine sample, you must produce a sample within 30 minutes. During this time, you may not leave the urinal until results are finished.
  - c. Results of the drug test will be considered FINAL.
  - d. If SEEDS OF EDEN suspects you are using drugs or drinking alcohol, a positive urine result is not required for discharge.

- 5. RECOVERY SERVICES / CHURCH SERVICES:** Residents are required to attend and engage in recovery services.

Residents MUST attend (2) Faith-based services/meetings each week.

**\*\*ONE OF THESE SERVICES** is held at Living Word Apostolic Church on Sunday morning at 10 AM.

**\*\*MANDATORY\*\*** (Transportation provided)

**\*\*ONE OF THESE MEETINGS** is held on Thursday night by teacher and life coach in Washburn, ND. **\*\*MANDATORY\*\***

- a. Residents may attend AA/NA meetings or other church services in town during the week, but these meetings/services do not count towards the (2) required meetings and/or services.
  - b. The number of meetings is not negotiable. Residents may attend more than (2) meetings a week if desired.
  - c. It is the responsibility of the residents to have the Pastor or minister sign off on a card, stating that you were present and engaged over the duration of the meeting or service.
  - c. Treatment/outpatient, counseling, etc. do not count as a meetingd
- 6. RENT:** Residents is expected to be independent and must contribute financially to the operation of SEEDS OF EDEN.
- a. Application Fee of \$600.00—paid over the course of the next 2 months
  - a. Payment of \$575.00 is due on the first of each month (after 12 week RHAP voucher is utilized).
  - b. If payment is not paid, or is late, a resident may be subject to a financial probation plan and/or subject to discharge from SEEDS OF EDEN.
  - c. Residents must pay rent by check, money order, or cash with receipt made out to SEEDS OF EDEN
  - d. Refunds are not permissible under any circumstances.
  - e. Resident may be held responsible for re-payment of any costs needed to repair damages caused by resident.
- 7. PERSONAL BELONGINGS:** Residents are allowed to bring the equivalent of two large suitcases.
- a. An inventory of resident's belongings will be complete upon admission
  - b. Residents are responsible for keeping their personal areas neat and clean, to include nightstands, dressers, closets, under bed etc.
  - c. All rooms are subject to random inspections for cleanliness and contraband.
  - d. Damage to sheetrock or paint can result in financial penalty.
  - e. All items left at SEEDS OF EDEN 30 days after a resident leaves, will be considered a donation.

8. **HYGIENE:** Residents are required to tend to personal hygiene daily—this includes a daily bath or shower.
9. **CHORES:** Residents are required to participate in chores of the home. Failure to have chores complete will result in possible reduction of phases.
  - a. Residents will follow the chores scheduling chart
  - b. Residents are required to make their bed, tidy bedroom, and complete assigned chores by 10:00 AM.
  - c. Residents are required to wash their bedding every week. This will be signed off by house staff.
  - d. Residents may not leave food on the counter. Food must be stored in refrigerator or cupboard.
  - e. Residents may operate the washer and dryer from 8:00am - 10:00pm. Loads must be medium to full loads.
  - f. Residents that leave laundry in the washer and/or dryer for longer than 12 hours are at risk of having laundry be confiscated.
  - g. Residents shall not change assigned room or rearrange furniture in the common areas.
  - h. Residents cannot hang anything on walls.
  - i. Residents are not allowed to bring in additional items—furniture, mattresses etc. without house manager approval.
  - j. Residents will assist with any projects or renovations led by staff.
10. **GUESTS AND VISITORS:** Residents will have no visitors, unless approved by house staff.
  - a. SEEDS OF EDEN will make exceptions for residents to visit with their social workers, pastor, or probation officers.
  - b. Residents will only be allowed visitors in the common or outside areas
11. **ILLEGAL ACTIVITY:** Residents will not participate or be involved in any illegal activity.
  - a. Residents will not be in the presence of illegal activities
  - b. Residents must report all incidents to house manager immediately.
  - c. Residents must report all interaction with law enforcement immediately.
12. **BEHAVIOR:** No stealing, fighting, threatening, or manipulation of any sort is tolerated.
  - a. Derogatory slurs of any kind will not be tolerated
  - b. No pornographic or racially charged material is allowed
  - c. No paraphernalia or weapons are allowed on SEEDS OF EDEN property at any time.
  - d. Residents will not steal other residents' food.
  - d. No books, paraphernalia, or items are allowed that contain witchcraft, satanism, the occult, or anti-Biblical culture, etc.
    - a. Staff may confiscate items for any reason, if deemed necessary.
  - f. No TVs allowed in rooms or in common areas. (No TVs in the house at all—no questions asked).
13. **RELATIONSHIPS:** Residents are not date or have romantic relations with any other residents who live in the home.
14. **CELL PHONES:** Cell phones are a privilege
  - b. Residents will turn in their cell phone the first 10 days of admission between the hours of 9:30pm-9:00am.
  - c. Residents will use cell phones in personal bedrooms and not in common area.
  - d. Residents are not allowed to use another resident's phone.
  - e. Residents are to be appropriate with their cell phone. If issues arise staff will intervene.
  - f. Cell phone privileges will be suspended if weekly church/recovery meeting requirements are not met.
15. **TRANSPORTATION/VEHICLES:** SEEDS OF EDEN does assist residents with transportation needs, if available



- a. Residents are responsible to meet work and probation requirements.
- b. Residents must provide a 24-hour notice of need for a ride to work or appointment
- c. Residents will seek independent transportation to the best of their ability
- d. Residents will utilize the public parking garage downtown to store their vehicle.
- e. Residents' personal vehicles can be driven with proof of a valid license, registration, and proof of insurance on the vehicle.
- f. Residents cannot loan or lend their vehicle to another resident.
- g. Residents who receive rides from family and/or supportive friend will need to complete driver application.

**16. LOITERING:** Residents are not allowed to loiter in front of the house or in the alley at any time. Also, residents may not borrow money from another resident

**17. SMOKING:** Residents are not allowed to smoke in the house at any time, nor are residents allowed to smoke outside of the house on the premises. Residents are not allowed to vape in the house, nor are residents allowed to vape outside of the house on the premises.

**18. WORK/SCHOOL:** Residents are required to work or attend school at a minimum of 25 hours per week.

- a. Residents must supply SEEDS OF EDEN with work schedule, supervisor name, work phone and work address.
- b. Residents who are not employed must seek gainful employment.
- c. Residents who are not employed must submit a minimum of seven job applications per week
- d. Residents will seek approval from house manager if treatment interferes with this.
- e. Work **MUST NOT** interfere with church/recovery meetings. (Subject to discharge from the program)

**19. CURFEW:** Residents are required to adhere to curfew

- a. Sunday-Thursday curfew is: 11:00 PM
- b. Friday & Saturday: curfew is: 12:00 AM
- c. Residents must call staff in an emergency arises.
- d. Residents will be subject to a urine test and/or breathalyzer if late for curfew.

**20. QUIET TIME:** Residents will be respectful and quiet during quiet time which begins at 10:00pm.

**21. PRIVACY:** Residents will not disclose any information about other residents or former residents to anyone outside the home.

**22. SIGN IN/SIGN OUT:** Residents are required to sign in and out when leaving the premises and when returning.

**23. OTHER:** Residents will be respectful of the sober living home and those who reside

- a. Residents may open windows but cannot remove screens.
- b. Residents will not adjust the thermostat
- c. Residents will turn off all lights and other electronics when not in use
- d. Residents are prohibited from the use of space heaters or candles (open flames).

#### **PROBATION PERIOD AND CONSEQUENCES/INTERMEDIATE MEASURE PERIODS**

*Residents of SEEDS OF EDEN will follow a phase plan to best support structure and sobriety. The first 30 days of the resident's time at SEEDS of EDEN should be spent focusing on Jesus Christ and their recovery. If a resident is put on consequences or intermediate measures phases will be implemented. SEEDS OF EDEN has the right to make exceptions as they feel necessary.*

**Phase I: 10 Day Period (orientation)**

- Residents will turn in their cell phone the first 10 days of admission between the hours of 9:30pm-9:00am. Certain exceptions may apply if resident must work early or arrange transportation early in the morning.
- Residents are not allowed to leave the house unless treatment, work, meetings, or medical.
- Residents must show SEEDS OF EDEN staff proof of all appointments
- Residents are required to follow are requirements
- Residents will not have visitors
- Residents will not be provided passes to leave or have visitors during phase I.

**Phase II: DAY 11 - 40**

- Residents may leave SEEDS OF EDEN with approved visitor for a period of 2 hours.
- Residents will not engage with anyone in active addiction.
- Residents will provide the full name and phone number of the individual they are leaving with.

**Phase III: Obtainable after 40 days of good standing**

- Residents who have obtained phase III and are on good standing—current on rent, employment and adhering to the rules of conduct contract are able to have off site passes. Passes are only granted for 48 hours at a time and once every 30 days.
- Residents must have this arranged and approved by SEEDS OF EDEN.

**SEEDS OF EDEN RESIDENT AGREEMENT**

*I as a resident of SEEDS OF EDEN agree to remain drug and alcohol free. I as a resident of SEEDS OF EDEN understand that I am not permitted to use medical marijuana during my stay. I as a resident understand that I am a guest of SEEDS OF EDEN and that I am in a faith-based, Christ-centered recovery house.*

*I agree to waive and relinquish all claims and demands for damages which may or might arise in any way and from any case, whether from personal treatment or defect in the premises other direct or implied negligence, regardless of the nature of the occasion thereof. I understand that SEEDS OF EDEN*

*is not responsible for me. I agree to waive my right to any and all eviction procedures and will leave at SEEDS OF EDEN's request. I as a resident of SEEDS OF EDEN attest that I am not under the influence of any non-prescribed mind- or mood-altering substances at this time and am under standing what I am signing.*

*I as a resident of SEEDS OF EDEN understand that my signature acknowledges this document and binds this agreement.*

Resident \_\_\_\_\_

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

SEEDS OF EDEN \_\_\_\_\_

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

**Address: 927 Main Ave. Washburn, ND 58577**

# SEEDS OF EDEN RECOVERY HOUSING

## Resident Write Up Form

\*\*to be attached to resident's file

One

Two

Three

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**Directions: Fill in the date of each write up in the appropriate box. What is the write up for? Resident comment? Do you need to update anyone on the resident's care team? i.e., PO?**

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

### **Write Up One:**

Reason: \_\_\_\_\_

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

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

### **Write Up Two:**

Reason: \_\_\_\_\_

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

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

### **Write Up Three:**

Reason: \_\_\_\_\_

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

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

# SEEDS OF EDEN

## Recovery Housing Voucher Application

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Pregnant Yes: No:

Primary caregiver of children: Yes: No:

Military experience: Yes: No:

Race: \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Length of time for substance use: \_\_\_\_\_

Which substances: \_\_\_\_\_

Medicaid: Yes: No:

Snap Benefits: Yes: No:

Employed: Yes: No:

Native American: Yes: No: (Which tribe \_\_\_\_\_)