

The Earnest House L.L.C.

Transitional Housing/Sober Living

Mailing Address: 7959 N. Thornydale, P.O. Box 91111 Tucson, Arizona 85752
(This is a P.O.Box Only)

For Intake or questions please call:
520-637-8866

Applications can be emailed to:
E-mail - theearnesthouse@yahoo.com

PLEASE READ CAREFULLY

We offer a safe transitional housing opportunity for individuals needing long or short term housing. Our residents focus on employment and/or school, and work towards future permanent housing. Residents live in a “home setting” with cable television, bedding, kitchen, and laundry facilities. All locations are close to the city bus lines, and all properties have resident and office staff that offer support and guidance. All prospective residents are screened for enrollment in person, by mail, or telephonically. Food is not provided.

Weekly program fees are \$150 per week or \$560 a month (if paid in advance)
Daily costs are \$21.50 per day- 30 day Minimum Stay

We accept those that are employed and/or financially capable of paying program fees. **We are not a shelter. All applicants need monies up front to move in** or have proof of employment **unless pre-approved by Director.**

Admission Requirements

- **If incarcerated, \$250 is needed at intake. Payment is required to be accepted**
- Must be able to pay weekly fees
- Must be clean and free of all substances and alcohol
- Must attend one hour house meeting per week
- Must attend two recovery meetings per week (NA, AA, CA, Smart Recovery)
- Must not be charged with a sex crime or arson.

What do we offer?

- A safe, structured, sober living environment
- A place to rebound and prepare for independent living
- A recovery community for support
- A rental housing reference upon departure if discharged successfully

We welcome those who; have lost apartment or housing, on parole or probation, are homeless, need to relocate from an unsafe living environment, or upon completion of treatment. We work closely with treatment centers, federal, county probation and state parole. We welcome those on SSI and SSD who can pay fees. We suggest all residents have own food and bus pass upon entry as we do not supply them.

Resident Bio-Letter
Please fill out completely – Required for acceptance

Last Name: _____ First Name: _____ Date: _____

Please tell us about yourself: _____

Please tell us why you desire to live at The Earnest House: _____

What abilities do you think you possess that will help you be successful? _____

What are your reasons for applying? _____

What actions do you think you will need to take in order to accomplish the goal of independent living? _____

Where do you see yourself in one year? _____

The Earnest House Resident Application (2024)

You are required to write a brief bio letter at the end of this application. We want to know who you are, where you came from, and where you want to go in life. This section is required to process the application. Please write clearly

Name: _____ Case/DOC#: _____ Today's Date: _____

Date of Birth: _____ Age: _____ SS#: _____ **Circle One:** Single Married Divorced Separated

Identification: **(Circle)** Driver's License AZ ID Card DD-214 SS Card Birth Certificate Tribal Other: _____

Gender: **(Circle)** Male Female Ethnicity _____ Are you pregnant **YES NO** Veteran **YES NO**

Current Contact Phone _____ How did you hear about our program? _____

Are you receiving benefits? **YES NO** Circle All that apply SSD SSI Unemployment Workman's Comp Food Stamps Bus Pass Other
 Prior Living Situation **(Circle One)** Streets Shelter Detox Jail/Prison Rental Housing Transitional Living Hospital Treatment
 Where did you grow up? _____ Do you have financial means to pay your first 2 weeks fee's? **YES NO**

In case of an EMERGENCY call: Name: _____
 Phone () _____ Address _____ City _____ State _____

Drug of Choice: _____ Date Last Used _____

List names and dates of all treatment programs, outpatient programs, shelters, domestic violence shelters, and halfway houses attended. (Be specific)

Are you willing to detox if needed? **YES NO** Have you ever attended addiction support groups? **YES NO** How long?
 Are you willing to attend two 12 step or SMART Recovery meetings a week? **YES NO** Are you a member of: NA AA CA SMART, CMA
 If attending a 12 Step Group, are you willing to work with a 12-step sponsor each week? **YES NO**

SUBSTANCE ABUSE HISTORY

Substance Used	Frequency of Use	Age First Used	Date Last Used	Route (oral, smoke, inhaled, injected, other)	Other Drugs Used
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EMPLOYMENT HISTORY (List Most Recent Employer First)

Employer Name	Phone	Start Date	Date Ended	Position	Supervisor Name	Hourly Pay Rate
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Are you willing (**YES NO**) and capable (**YES NO**) of working 40 hours a week of gainful employment? If no, why? _____

Highest Grade Completed _____ Education Completed **(Circle all that apply)** High School GED Vocational School Junior College University Other _____ Do you plan to continue your education? _____

Are you under physician's care? **YES NO** If yes, why? _____

Dr. Name: _____ Phone: _____ Agency: _____

List all past and current physical medical issues: _____

List all past and current psychiatric encounters: _____

Are you under the care of a behavior health facility: **YES NO** Agency Name _____ How long? _____

List ALL Medications Prescribed: _____

Have you ever attempted suicide? **YES NO** If yes, explain: Date: _____ Where: _____

Circumstances: _____ Are you suicidal now? **YES NO**

Do you have current charges? **YES NO** If yes, what? _____ If yes, next court date: _____

Are you on supervision? **(Circle One)** IPS Direct Regular Parole Fed Probation No Supervision Agency: _____

If incarcerated, what is our release date: _____ Are you a violator? **YES NO** explain _____

PO Name _____ Phone: _____ E-mail address: _____

Have you ever been arrested for any sex crimes? **YES NO** If yes, explain _____

List all arrests, convictions, sentences, prior prison or jail commitments, and probation history. (list places and dates – use blank paper if needed) _____

Application forms require this information to process. Who can we call to verify this application? **(Circle One) Parole/Probation Public Defender Attorney Case Manager COIII Pretrial Family Member Case Manager Other _____**

Name _____ Fax (Required) () _____ Phone # () _____ E-mail _____

All information on this application is true to the best of my ability:

Client Name (Print) _____ Client Signature _____ Date _____

Staff Comments: _____

The Earnest House Sober Living/Transitional Housing Lodging Agreement(2024)

The undersigned understands and acknowledges that The Earnest House maintains an alcohol and drug free shared housing property. The undersigned resides in the **capacity of a lodger sharing a housing unit and not as a tenant with rights or possession of space exclusively**. A resident may stay as long as needed but not less than 30 days.

The undersigned agrees to pay a weekly program fee of \$150, paying two week's program fee before moving in (unless otherwise cleared with director), and program fees are due on the Friday of each week. We expect each resident to be financially responsible.

The undersigned lodger agrees to participate in and abide by the policies and rules set by The Earnest House. The undersigned agrees to vacate the shared accommodation when rules are violated. The following house policies are to be observed by all residents. These policies have been set forth by The Earnest House to maintain a clean, safe, and healthy living environment for those in recovery and to those who are willing and ready to transition back into society. As a sober living house you are required to participate in your recovery.

THIS AGREEMENT, entered on this day of _____ between The Earnest House and (name of occupant) _____ . All residents must obey the following rules:

Drug and Alcohol Use: Occupancy is made available on the strict understanding that the house is to be, at all times, drug and alcohol free. Should a resident use any illicit drug, consume alcohol, or take drugs not prescribed by a physician, the resident may be discharged immediately from the house. **Random drug tests will be given. Protecting and/or knowing a fellow resident who is drinking or using may cause immediate dismissal. Report all suspicions to house manager. No narcotics meds allowed unless approved by Director.**

Work: We require all residents to work, attend school, or be financially responsible for program fees.

Standard Curfew: For those unemployed residents curfew is 6:00 pm seven days a week. All employed residents will be expected to return to the house by 10:00pm Sunday through Thursday, 11:00pm on Friday/Saturday. Anyone requesting an overnight pass must have House Manager and PO's approval. All Pass requests are to be discussed at the House meeting.

Need Assistance: For those with personal or employment issues, or regarding outside issues, call, Danny Howe, at (520) 606-5187. The house manager is available to those with all housing questions. If you need help please reach out to staff member!

Mandatory Weekly House and 12-Step Meeting: All residents will attend one weekly mandatory house meeting to discuss house issues. Those who miss the meeting regularly may be discharged from the house. Two 12-step or recovery meetings are required each week for all residents. Meeting attendance forms will be issued by house managers and obtaining a sponsor is mandatory.

House Liability: The Earnest House is **NOT** liable for any personal injury or personal property during clients stay or after the resident's exit from the house. The Earnest House will dispose of all personal property after 30 days.

Sleeping Areas: There is no sleeping on couches at any time: **DAY OR NIGHT**. Everyone **WILL** sleep in their assigned beds.

Chores: All residents will be required to complete assigned weekly/Daily chores.

No Food Areas: Food will be eaten in the dining area only. No food in bedrooms. Eat at the dining room table only and clean up **ALL** dishes when done. This protects us from vermin.

Housekeeping: Each resident is responsible for washing own dishes, keeping sleeping area clean, and making beds daily. Residents are responsible for cleaning all community living areas, such as, kitchen, bathroom, living room, den, patios, backyard & grounds, and laundry room. Resident will keep the premises clean at all times. All residents are assigned weekly house chores.

No smoking in the house, this is to include E- Cigs of any kind. No exceptions. **Termination is automatic.**

Without the owner's written permission resident will not:

- ◆ Drill or attach anything to the floors, walls or ceiling of the house
- ◆ Bring in any dish washing, heating, ventilating, or air conditioning units, or any water filled furniture
- ◆ Put in any shades, blinds, window guards, and in or outside of the premises

Intimidation and/or violence: Any open or subtle hints of intimidation or violence towards residents or staff are grounds for immediate discharge from the house. No exceptions.

No sexual activity of any kind in the house. No exceptions.

Fees: I agree to pay weekly program fees on time 1 week in advance with money order or cash only. If you owe too much housing fees you may be discharged from the house, at discretion of Director.

Grievances: If a resident feels that another resident is not doing their share of the chores, or has any other grievances towards another resident, one may call a meeting with the house manager and all residents to discuss the grievance.

Consequences: The staff of The Earnest House reserves the right to enforce the above rules. Any infractions of the agreement may include discharge from the house.

Did you read and understand the lodging agreement and responsibility statement? YES NO

Signature of Lodger _____

Dated: _____

Printed Name of Lodger _____

Dated: _____

The Earnest House Responsibility Statement (2024)

I, (please print) _____, voluntarily enter into The Earnest House, a sober living home; understanding it is an alcohol and drug free house program. Please initial each line item that you understand your responsibilities while housed at The Earnest House.

1. _____ I will not use drugs or alcohol, or any mind-altering substances. I will submit to random Drug test when asked.
2. _____ I agree to abide by the rules and regulations of The Earnest House as outlined in the Lodging Agreement, which I have signed.
3. _____ I agree that if I am more than 5 minutes past curfew, I will be charged a \$15 drug screen fee.
4. _____ I will pay weekly program fees on time, 1 week in advance with cash or money orders only.
5. _____ I will attend the mandatory scheduled in-house weekly meeting. Failure to attend 2 consecutive meetings will result in discharge.
6. _____ I agree to attend to two outside 12-step/recovery meetings each week.
7. _____ I agree to voluntarily participate in assigned work activities in and around the house.
8. _____ I understand that when I vacate the premises, I must take all of my belongings at that time. Any personal belongs left at The Earnest House thirty days after my departure, shall be the property of The Earnest House, and will be given to the residents in need or otherwise donated.
9. _____ I agree to adhere to curfew regulation as discussed in Lodging Agreement.
10. _____ I will give at least one weeks' notice before vacating.
11. _____ I understand that The Earnest House is not liable for personal injury, property loss or theft of personal property of any kind including money.
12. _____ I understand that I will treat The Earnest House staff with courtesy and respect; in return you will be treated the same.
13. _____ I have NEVER been arrested or convicted of any sex crimes.
14. _____ The only visitors allowed on property are PO's and sponsors.
15. _____ No sexual activity in the house at any time.
16. _____ No pets allowed
17. _____ I agree to pay \$150 by the end of each Friday or \$300 every other week for program fees. Never to be in the rears of more than 3 days.

I have read and understand the foregoing, and I have initialed all line items, and understand that my failure to comply with this agreement may result in discharge from the property.

Client Signature: _____ Date: _____

Staff Witness: _____