

## Personal Information

1. Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_
2. Home/last address \_\_\_\_\_
3. City, State, Zip \_\_\_\_\_
4. Cell phone number \_\_\_\_\_
5. Social Security Number \_\_\_\_\_
6. Drivers License number \_\_\_\_\_
7. Automobile Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_
8. Last treatment/halfway house \_\_\_\_\_
9. Number of treatments \_\_\_\_\_ In how many years \_\_\_\_\_
10. Counselors Name \_\_\_\_\_ Phone Number \_\_\_\_\_
11. Sobriety Date \_\_\_\_\_
12. Sponsors Name \_\_\_\_\_ Phone Number \_\_\_\_\_
13. Drug(s) of choice \_\_\_\_\_
14. Are you currently on probation/parole/house arrest? \_\_\_\_\_
15. If yes, name of officer \_\_\_\_\_ Phone number \_\_\_\_\_
16. Current Employer \_\_\_\_\_ Phone number \_\_\_\_\_
17. Are you a smoker? \_\_\_\_\_
18. Marital Status \_\_\_\_\_

### Personal References (for those not coming out of treatment or halfway houses)

1. Name \_\_\_\_\_ Phone number \_\_\_\_\_
2. Relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Phone number \_\_\_\_\_
4. Relationship \_\_\_\_\_

### Emergency Contact Information

1. Parents Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Phone \_\_\_\_\_
4. Name \_\_\_\_\_
5. Address \_\_\_\_\_
6. Phone \_\_\_\_\_

### Medical Information

1. Allergies to medications \_\_\_\_\_
2. Medications currently being taken \_\_\_\_\_
3. Pertinent past medical history \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Doctors name \_\_\_\_\_ Phone \_\_\_\_\_
5. Other \_\_\_\_\_

## STEPPING STONES LODGERS AGREEMENT

The undersigned acknowledges understands and accepts that they are living in an alcohol and drug free shared housing property managed by a house manager. The undersigned also acknowledges that residency is in the capacity of a lodger sharing a housing unit and not as a tenant with rights or possession of space exclusively.

The undersigned also understands that failure to comply with the Stepping Stones house rules and expectations is grounds for **immediate** termination of occupancy. A MANAGEMENT TERMINATION, FOR ANY REASON, WILL RESULT IN THE FORFEITURE OF THE TENANTS COMPLIANCE DEPOSIT AND MONTHLY RENT/PROGRAM FEES.

Cause for immediate removal from occupancy of the Stepping Stones houses shall include, but not be limited to any of the following.

1. Any use or possession of any alcohol or drugs or drug paraphernalia, whether in possession of the person or within the living space of the house. Management reserves the right to drug test any resident at any time for any reason. **Failure to submit to a drug/alcohol test upon request of the management shall result in immediate eviction.** In the event of a false positive, residents are allowed, at their own expense, to provide a urine sample to a laboratory for more comprehensive screening.
2. Damage to property, whether personal or house property. Threats/weapons. Any threats, violence, physical or other abuse toward any resident or manager will not be tolerated. No weapons permitted.
3. Drug dealing.
4. Non-payment of housing fees. Failure to maintain a current paid status on any fees associated with living at the Stepping Stones houses will result in eviction. Rent is due on the 1<sup>st</sup> of every month. Late charges in the amount of \$30.00 will be charged to all residents who do not pay their rent by midnight of the 5<sup>th</sup> day of the month. Program fees are as follows: \$575.00 to \$600.00/month and \$575.00 to \$600.00 sobriety/compliance deposit which includes a \$100.00 NON-REFUNDABLE administrative entry fee. All payments shall be in the form of money order checks.
5. Failure to maintain an active program of recovery. (Described later)
6. Failure to meet house expectations. (Described later)
7. **SMOKING.** All houses are non-**smoking** residences. All smoking shall be done outside and cigarette butts disposed of properly. This includes in the bedrooms, in the middle of the night, and during the winter months.
8. Theft. Any theft of personal or house property shall result in eviction.
9. **Other circumstances. Management reserves the right to consider eviction for any reason at his or her discretion.**
10. If a person is evicted, they shall **immediately** turn over possession of any and all keys and shall remove all personal property. Removal of personal property will be arranged, and shall be supervised by management.

## **Stepping Stones houses rules and expectations.**

1. Maintaining and active program of recovery.
  - a. Minimum of three 12-step meetings per week (including a home group)
  - b. Senior peers (min. 1 year sobriety) may attend only 2 meetings per week.
  - c. Weekly sponsor contact.
  - d. Weekly service/12 step work.
  - e. Management may require written proof of compliance in needed.
  - f. Participation in house meeting.
  - g. Participation in house activities. (No isolating.) Form relationships, eat meals together etc.)
2. Safe peaceful environment.
  - a. No resident may interfere with any others quiet enjoyment of the premises.
  - b. Courtesy and consideration will be shown regarding the use of TV, radio, and personal stereo devices.
  - c. General guidelines on hours (quiet time) will be 10:30 p.m. to 7:00 a.m.  
Weekdays (Sunday evenings through Friday mornings) and 1:30 a.m. To 10:30 a.m. on weekends. (Friday evenings through Sunday mornings.)
  - d. Please be respectful of others work and sleep schedules.
  - e. Curfew 1:00 a.m. weeknights. 1:30 a.m. weekends. (Friday/Saturday)
3. Work/volunteer work/school.
  - a. All residents are required to be employed full time. (Minimum 30+ hours/week)
  - b. School may be substituted providing residents are enrolled a minimum of 12 credit hours. Part time students shall supplement school with part time work or service work.
  - c. Any resident not working or in school shall be actively seeking employment and/or doing service work for a minimum of 30+ hours per week.
  - d. Not keeping busy and up and out of the house will not be tolerated.
  - e. Any resident not employed or actively seeking employment may be evicted.
  - f. A 1-month grace period MAY be granted for those looking for work, depending of course on the effort put forth in seeking employment.
  - g. Any change in work/school/service work schedule or status should be processed with the house.
4. No lying around or sleeping all day
  - a. General guidelines regarding this are up by 9:00 weekdays, 11:00 weekends.
  - b. Sleeping all day will not be tolerated.
  - c. Lying around all day and not keeping busy will not be tolerated.
5. Guests. Guests are welcome and encouraged during normal hours.
  - a. No guests are allowed in the resident's rooms. Please keep all guests in the common living areas.
  - b. Residents having guests shall limit such visits to normal hours.
  - c. No overnight guests.

6. Staying out (sleeping elsewhere)
  - a. Any resident wishing to stay elsewhere shall limit such stays to no more than two nights per week. Residents shall process overnight stays IN ADVANCE with other members of the house AND a house manager or senior peer.
  - b. Last minute notifications of staying elsewhere will not be tolerated.
  - c. Residents must inform management of their whereabouts, where they can be reached, and when they will return.
  - d. Trips, vacations, or staying out during new residents first 30 days is not allowed.
7. All residents of the house will be accountable to each other and to management as to their whereabouts.
8. House meeting.
  - a. All residents are required to attend all house meetings and in house Big Book studies.
9. House TDA's and cleaning
  - a. All residents are expected to keep the house clean and neat.
  - b. Weekly cleaning (including lawn in summer, shoveling in winter) will be assigned and is required to be done before the following week's house meeting. (See weekly cleaning sheet/board)
  - c. Keep personal items out of public areas
  - d. Keep personal space clean, neat, and presentable at all times.
  - e. Dishes are not to be left in the sink. Do your dishes after you use them!
  - f. Any resident not meeting this expectation will be evicted.
  - g. Please help keep OUR houses nice and neat so they are desirable places to live. Take pride in your house.
  - h. This takes a consistent, concerted effort by all members. Work together.
  - i. Residents shall complete cleaning TDA's as often as needed to keep the area clean.
10. Food. Do not eat other people's food. Label food if necessary.
  - a. Residents are strongly encouraged to eat together whenever possible.
  - b. Do not eat in bedrooms
11. Medications.
  - a. No mouthwash with alcohol
  - b. Medications shall be kept with personal belongings and not left out for all to see.
  - c. Follow all doctors' orders regarding medications.
  - d. Failure to follow doctors' orders in taking medications will result in eviction.
  - e. Any abuse of over the counter medicines will result in eviction. This is using behavior and will not be tolerated.
  - f. Keep management informed of any needs to bring any addictive/pain medicine into the house.

12. Gambling is not permitted
13. Compulsive sexual behavior is not permitted
  - a. Any Internet sex, browsing of Internet sex sites, pornography or any such other behavior or material is strictly prohibited.
14. Personal space
  - a. Lack of respect for others personal space and/or personal boundaries will not be tolerated. Do not go into others room without their permission.
  - b. Do not borrow others possessions without permission
  - c. Do not loan money or borrow money from other residents. This leads to problems.
  - d. Do not loan cars.
15. Termination of housing agreement
  - a. **Management reserves the right to terminate this housing agreement at any time for any reason.**
  - b. Residents are required to provide 30 day written notice of intent to leave.
  - c. Failure to provide 30-day notice will result in loss of security deposit.
  - d. **Termination of residency, for any reason, will result in the loss of security Deposit and all monthly fees.**
16. Senior peer status
  - a. Residents having one year of continuous sobriety will be considered senior peers.
  - b. Senior peers will be authorized to conduct drug tests at the request of house Manager.
  - c. Senior peers may be delegated additional responsibilities or privileges at the discretion of management.
17. THIS LODGER AGREEMENT SHALL NOT BE SUBJECT TO DEBATE. ITS INTREPRETATION IS SOLELY AT THE DISCRETION OF MANAGEMENT.
18. I HAVE READ THE ABOVE AGREEMENT AND AGREE TO FOLLOW THE HOUSE RULES AND EXPECTATIONS AS OUTLINED ABOVE. IT IS MY RESPONSIBILITY TO KNOW WHAT THE HOUSE RULES AND EXPECTATIONS ARE.
19. I UNDERSTAND THAT MANAGEMENT IS HERE TO HELP ME FOLLOW A PROGRAM OF RECOVERY AND TO PROVIDE A SAFE, STRUCTURED LIVING ENVIRONMENT. I UNDERSTAND THAT BEING CONFRONTED ON MY BEHAVIORS FROM A CARING POINT OF VIEW IS A PART OF LIVING IN THIS HOUSE.
20. I UNDERSTAND THAT FAILURE TO DISCUSS ADVERSE OR UNDESIREABLE BEHAVIORS WITH AN OPEN MIND AND WITHOUT ADVERSE REACTIONS TO SUCH DISCUSSIONS MAY RESULT IN EVICTION.

21. I UNDERSTAND THAT BY SIGNING THIS FORM I RELEASE STEPPING STONES HOUSE, THE HOUSE MANAGERS, OR ANY OTHER AFFILIATES FROM ANY AND ALL LIABILITY DURING MY PARTICIPATION, OR RESULTING FROM MY ACTIONS, OR ACTIONS OF OTHERS WHILE A RESIDENT AT THE HOUSE.

Participants printed name \_\_\_\_\_

Participant signature \_\_\_\_\_

Management's signature \_\_\_\_\_

Date \_\_\_\_\_

Stepping Stones Support Services, L.L.C.  
Program Contract

### Release and Hold Harmless

\_\_\_\_ This Release and Hold Harmless Agreement is executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. between \_\_\_\_\_, Participant, and Stepping Stones Supportive Services..

\_\_\_\_ **A \$100.00 non-refundable administrative fee will be deducted from your compliance deposit.**

\_\_\_\_ In consideration of being permitted to use the grounds and other facilities of and to participate in the Stepping Stones Supportive Services program, the undersigned Participant and Participant's parent or legal guardian, legal representatives, heirs and assigns ('Participant') execute this Release and Hold Harmless Agreement.

\_\_\_\_ Participant hereby releases, waives, and discharges Stepping Stones Supportive Services, its owners, its officers, employees, or advisors, from all liability to Participant for any and all loss or damage to Participant on account of injury to the Participant or the Participant's personal property, even injury resulting in the death of Participant, while the Participant is participating in any of the activities provided or living in the dwellings owned by the Stepping Stones Supportive Services.

\_\_\_\_ Participant is fully and adequately informed of the nature of the programs in which Participant wishes to participate, and hereby assumes full responsibility for the risk of injuries, whether due to the negligence of Stepping Stones Supportive Services or otherwise, and agrees to indemnify Stepping Stones Supportive Services from any loss, liability, damage, or cost Stepping Stones Supportive Services may incur due to the injuries suffered by Participant. Participant agrees to never institute suit or action against Stepping Stones Supportive Services for damages, cost, expenses, or loss of services resulting from injuries.

\_\_\_\_ Participant releases Stepping Stones Supportive Services from any claim whatsoever on account of first aid, treatment, or service rendered to Participant as a result of injuries.

\_\_\_\_ Participant agrees to be financially liable and responsible for any medical cost related to injuries.

\_\_\_\_ In the event that Participant is a minor or in any way incapacitated, this Release and Hold Harmless Agreement shall be executed by a parent or legal guardian of Participant, and shall be binding upon said parent or legal guardian as well as upon the Participant. Said parent or legal guardian, by the execution hereof, waives all claims in their individual or derivative capacity, as well as claims on behalf of Participant.

\_\_\_\_ By initialing this paragraph, I certify that I am empowered to act on my own behalf or on behalf of Participant.

Stepping Stones Support Services, L.L.C.  
Program Contract

\_\_\_\_\_ Participant expressly agrees that this Release and Hold Harmless Agreement be as broad and inclusive as permitted by the laws of the State of Minnesota, and that if any portion hereof is held invalid it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_ In witness whereof, this Release and Hold Harmless Agreement is executed in St. Paul, Minnesota.

### Summary

This is a legal and binding document, please read it very carefully and initial the blank lines – doing so indicates that you have read and understand each statement.

I realize that this sober house 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 require the house residents to:

1. Prohibit all residents from using any alcohol or illegal mind-altering substances;
2. Expel any resident who violates such prohibition;
3. Share household expenses, including the monthly program fees, among residents;  
and
4. Utilize democratic decision making with the group, including inclusion and expulsion from the group.

\_\_\_\_\_ I have been provided with a copy of, have read and fully understand the rules, regulations and expectations of Stepping Stones Supportive Services.

\_\_\_\_\_ 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 same;

\_\_\_\_\_ I agree that I will participate in the Stepping Stones Supportive Services Program and will abide by all its rules and regulations;

\_\_\_\_\_ I specifically agree that if I violate any of the rules and regulations of Stepping Stones Supportive Services I can be expelled from the property and forfeit any rights to my sober deposit and prepaid program fees. I agree that final determination for any disciplinary action will be made by Stepping Stones Supportive Services and may not be appealed;

Stepping Stones Support Services, L.L.C.  
Program Contract

\_\_\_\_\_ I agree that if I am expelled from a property owned by Stepping Stones Supportive Services, I forfeit my compliance deposit and prepaid program fees; and;

\_\_\_\_\_ I agree that if I default on any portion of this contract and Stepping Stones Supportive Services has to go to any court to collect program fees, I am liable in full for the payment of these fees.

\_\_\_\_\_ I hereby release and hold harmless Stepping Stones Supportive Services and its owner, **Callan Crawford**, from any and all lawsuits that may be brought by me, any member of my family and heirs in perpetuity for any tort or action whatever.

Program Participant Signature _____	Date _____	
Program Participant Signature _____	Move- in Date _____	

House Manager Signature _____	Date _____	
House Manager Printed Name _____		