



**Legal Status:**

Are you now on probation? \_\_\_ Yes \_\_\_ No

If Yes, Name of Probation Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any other information you feel is vital to your situation:

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

**Health Status:**

1. Range your general health: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

2. Do you have any Communicable Disease: \_\_\_ Yes \_\_\_ No If Yes, What? \_\_\_\_\_

\_\_\_\_\_

3. Do you have epilepsy, seizures, diabetes? \_\_\_ Yes \_\_\_ No If Yes, What? \_\_\_\_\_

4. List any medical problems or handicaps: \_\_\_\_\_

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

5. Are you currently taking any medications? \_\_\_ Yes \_\_\_ No If Yes, What? \_\_\_\_\_

\_\_\_\_\_

6. List all medications to which you are allergic or sensitive to: \_\_\_\_\_

\_\_\_\_\_

7. List all allergies (including food, latex, insects, etc.): \_\_\_\_\_

\_\_\_\_\_

8. Have you ever had psychiatric care? \_\_\_ Yes \_\_\_ No If Yes, please give date(s) and explanation of treatment:

\_\_\_\_\_

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

9. Have you ever attempted suicide? \_\_\_ Yes \_\_\_ No If Yes, How? \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## RULES AND GUIDELINES FOR THE HOUSE

This house provides transitional treatment and recovery-based services that give residents the tools they need to transition from addiction to recovery with *Faith based programs* such as *Stepping into Freedom* (a twelve-step program) and/or *Celebrate Recovery*.

Each resident will be required to find employment after the first 2 weeks of residency and a rent donation of **\$90.00 per week** will be required for the remainder of their stay at the house.

Residents will be required to attend a local church service and to become active in the community.

There will also be opportunities for fun activities and outings as a group.

Each resident will be responsible for chores within the house, personal laundry and keeping living area clean and tidy.

A specific curfew will be enforced.

The house will be **smoke-free** and **drug-free**, with the exception of valid prescription medication. **This will be monitored.**

Room inspections will be done on a random basis.

Drug test will be conducted at any time.

Specified visitation with family will be offered **after two weeks** is completed in the house.

Mentors will be provided to assist residents in going to job interviews, probation meetings and to be a spiritual support.

There will be a limit on cell phone use and All mail will be monitored.

Period of stay at the house will be a maximum of 6 months.

## THE BUTTERFLY TRANSFORMATION HOUSE RESIDENT AGREEMENT

THIS FORM MUST BE SIGNED AND WITNESSED  
BEFORE YOUR APPLICATION CAN BE PROCESSED

1. I have read the rules and consent to abide by all of them, whether I agree with them or not.
2. I release to The Butterfly Transformation House the right to do a room search and/or drug screen without warning.
3. I release the right to The Butterfly Transformation House to make a thorough search of my person and belongings on the day of my admission.
4. I understand that The Butterfly Transformation House will not be held responsible for any of my personal property left, lost or stolen while I am in this program. When leaving, I understand that all my personal property must be taken with me.
5. I release The Butterfly Transformation House from all financial or legal responsibilities in case of accident, injury, illness, or other misfortune.
6. I understand that I will not receive payment for doing chores while in the house. I also understand that the purpose for this work is to aid in my character development.
7. I release the right to withhold any of my belongings that is deemed necessary.
8. I agree to submit to the authority of ALL staff members.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_

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