

Hello,

We are so grateful to have received your request to join us at His Joshua House.

It is important to inform all who consider residency with us that we are not a halfway house. If your situation requires this, you must complete it before joining us at His Joshua House.

At His Joshua House, we operate in a faith-based, sober living home environment. With our limited beds, our selection committee takes the time to prayerfully consider each application, respecting each individual's unique journey.

We will be in touch with you or your emergency contact if you are approved. After approval, you will be placed on our waiting list and asked to check in with us on a regular basis.

Please return your completed application to me at <u>donald@hisjoshuahouse.org</u> or mail a copy to His Joshua House at P.O. Box 1486, Kingsland, Texas, 78639.

Peace be with you,

Donald Thompson

Donald Thompson Executive Director His Joshua House

HIS JOSHUA HOUSE ADMISSIONS PACKET

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CRITERIA FOR ADMISSION

- 1) Applicants must be male, 18 years or older.
- 2) Applicant must have a problem with alcohol and/or other drugs.
- 3) The applicant must contact His Joshua House for an interview and express the desire to change.
- 4) The applicant must **commit to at least 90 days of in-house residency**.
- 5) Applicants must be medically stable and ambulatory.
- 6) Applicants must be at least seven (7) days clean from alcohol and drugs.
- 7) The applicant must agree to abide by the His Joshua House rules, participate in daily scheduled meetings, and rotate responsibility for household chores as outlined.
- 8) The program's focus on preparing the applicant for independent living is a key aspect. The applicant must be willing to seek employment and work toward this goal.
- 9) The willingness to live strong, support yourself, and join the community as all residents live a life to be successful.

Thank you for considering His Joshua House. We're proud of you for taking the first steps toward recovery and look forward to supporting you on this journey!



ADMISSIONS APPLICATION

Date: / 20	Time: a.m.	p.m.		
Name: (Last)	(First)		(Middle)	
Phone#: _ ()	County of Ro	esidence:		
Email:(D R	deferred by:		
DOB://Age	: Height	Weight:		
Forms of Identification: (c	ircle) State Issued ID D	river's license	Birth Certificate	Voter's Registration
Year/Make/Model of car: _		Plate #:		
Employer:	How long	employed?		
When was the last time yo	u used any alcohol or d	lrugs?/	<u>/</u>	
What did you use?	What is y	our drug(s) of cl	hoice?	
Do you have any medical	problems? Y / N If yes,	please explain:		
Are you taking any prescr	iption medications? Y /	N If yes, which	ones, and what w	vere they prescribed for?
Person to notify in case of	f an emergency:			
Phone#: _()	Relationshi	ip:		_
Do you have children? Y /	N If yes, how many? _	Who is	s taking care of th	iem?
Do you have a CPS Worke	r? Y / N Caseworker na	ame & phone #:		
Are you on probation or p	arole? Y / N Parole Offi	icer's name and	phone #:	
Do you have any outstand	ing warrants or court da	ates?Y/N If ye	s, when?	
Have you had any previou	s legal trouble outside t	the State of Texa	s? Y / N If yes, pl	ease explain:
				Revision: 8/2024



APPLICATION AGREEMENT

I fully understand and am committed to His Joshua House's requirement of an initial 90-day commitment. I am prepared to be evaluated for additional time, demonstrating my dedication to the program.

I also understand that if I falsify any information in this application. I will forfeit my standing and

eligibility for recovery residency with	n His Joshua House.	3
Applicant Signature	 Date	
Volunteer/Staff Signature	 Date	



PSYCHOSOCIAL QUESTIONAIRE

This questionnaire is designed to provide us with further information so we can better help you during your recovery journey. Please answer each question as completely as you can. Feel free to use the back to add additional pages.

Please write legibly:	
Date:/ 20	
Name: (Last) (First	t)
What brings you to His Joshua House currently?	

Circl	e Y/N	Drug	Route	Age of first use	Describe average use			е
					Amount	Daily	Weekly	Last Used
Yes	No	Alcohol						
Yes	No	Marijuana						
Yes	No	Crack/Cocaine						
Yes	No	Methamphetamine						
Yes	No	Heroin						
Yes	No	Pharmaceutical						
Yes	No							



Personal Alcohol/Drug Treatment History

How many times ha	ave you been treated for al	cohol and other dru	g use?	_
Inpatient Outpatient When was the last time?				
Please explain:				
Did you attend 12-s	tep meetings? Y/N \	Which ones? AA	NA CA Other:	
How many meeting	s did you attend a week?		Did you have a sponsor?	Y/N
How often did you s	speak to your sponsor?			
What was your imp	ression of the meetings yo	u attended?		
How long were you	in your last 12-step progra	am?		
If applicable, what l	ed you to stop attending m	eetings?		



Education and Employment History

Describe your level of education: (Circle) College	High School	GED	Last grade completed:
Do you have any vocational training? Y / N If yes, i	in what field ar	e you tı	rained?
Are you currently employed? Y / N If yes, compar	ny name?		How long?
Please describe your employment history:			
What are your future goals for education and/or emp	oloyment?		
<u>Legal History</u>			
Are you currently on parole or probation? Y / N WI	hich State and	County	y?
Parole Officer's name:	Phon	e #:	
Charge:	Se	entence	e:
Please indicate how many times you have been arre	ested for the fo	llowing	:

Number	Offense	Number	Offense
	DWI/DUI		Theft
	Public Intoxication		Burglary
	Possession of a controlled substance		Assault
	Possession with intent to deliver		Arson
	Manufacturing		Homicide/Murder
	Prostitution		Fraud
Other:		•	



Legal History (continued)
Do you have any pending charges or court dates? Y / N If yes, please explain:
Personal Medical History
Primary Care Physician:Phone #:
When was your last doctor's visit?Please explain:
Are you currently being treated for any medical problems? Y / N If yes, please explain:
Please list ALL medications you are currently taking:
Do you have any known allergies? Y / N If yes, please explain:
Have you had any recent hospitalizations? Y / N If yes, please explain WHEN, WHERE and DIAGNOSIS



Marital / Family History

Are you currently: (circle) SINGLE DATING	MARRIED	SEPARATED	DIVORCED	WIDOWED
How long have you been in this arrangement? _		Ple	ase explain: _	
How many children do you have?	Plea	se provide the	following info	rmation:
Name	Age	Sex	Being take	en care of by:
Describe your relationship with your children:				
If applicable, describe your relationship with your spouse, significant other, and/or ex:				
Describe your relationship with your family:				
Father:				
Mother:				
Siblings:				
Describe your support system (family, friends, c	hurch, sup	port groups, et	c.)	



Spiritual Status

	a Higher Power?
Describe your religious background:	
	If yes, do you have a religious preference? Please be specific.
	il yes, do you have a religious preference: Flease be specific.
Please tell us any questions or concerns that yo like to share about yourself:	u may have and any other significant information you would
Applicant Signature	Date
Reviewed by Volunteer/Staff Signature	 Date



HIS JOSHUA HOUSE RULES

Alcohol and non-prescribed drugs policy

- We have a **zero-tolerance** policy against the use or possession of alcohol, illegal drugs, non-prescribed drugs, or any drug paraphernalia.
- Any resident who is found to have used, is under the influence or has alcohol or illicit
 drugs will be required to move out immediately. ALL RESIDENTS ARE SUBJECT TO
 RANDOM DRUG SCREENS and ROOM/CAR SEARCHES. These searches will
 include a thorough search of the room (closets, containers, boxes, etc.) and care (glove
 box, side door pockets, trunk, etc.), and your locker can be searched at any time.
- We have a zero-tolerance policy regarding using any energy drink on the market. This
 includes drinks such as 5 Hour Energy, Monster, Red Bull, or any of the other energystimulating drinks sold.
- Associating or contact with any person, place, or thing involving alcohol or drugs is not allowed.
- Under no circumstances shall a resident who is under the influence of any of the above illegal substances be allowed in the house. Management will pack their bags for them, and they will be required to leave. The former resident, when sober, can contact the office and arrange to retrieve any remaining personal property.

Prescription Drug Policy

- All prescription and over-the-counter medications being taken must be disclosed to Management.
- It is the residents' responsibility to notify Management when there is a change to their medications.
- If a resident is on prescription medication, the resident must continue to take that medication as prescribed, but the medication must always remain in the house.
- Abuse of prescribed medication will be considered a relapse and grounds for immediate dismissal.
- Taking or possessing prescription medications that are prescribed to someone else is prohibited, and the use will be considered a relapse and grounds for dismissal.



HIS JOSHUA HOUSE RULES

Violence

- Violence or threats of violence will result in eviction.
- Arguments between residents are also prohibited.
- Yelling, cursing, and disruptive behavior are strictly prohibited. Disagreements are to be brought up and discussed openly at house meetings.

12-step Programs

- For a resident's first 30 days in the program, residents must attend at least one (1) 12-step meeting daily.
- After the first 30 days, residents must attend at least five (5) 12-step weekly meetings on 5 different days.
- Each resident must have a 12-step program sponsor within seven (7) days of entering His Joshua House.
- Sponsors must have at least one (1) year of sobriety, have a sponsor, and have successfully been through a 12-step program.
- Sponsor information must be listed on the meeting signup sheet each week.
- Office staff may verify sponsorship at any time.
- Residents will participate in any counseling His Joshua House deems necessary.
- NO OPPOSITE SEX SPONSORS are allowed.



<u>HIS JOSHUA HOUSE RULES</u>

Dress Code

- **NO SUNGLASSES** are not to be worn inside the building, at Community-Based Support Groups (CBSG), or during 12-step meetings.
- No short-shorts, excessively baggy pants, muscle shirts, tank tops, sleeveless shirts or any other inappropriate apparel deemed by His Joshua House staff. Pants must remain at him level. No sagging!
- Yelling, cursing, and disruptive behavior are strictly prohibited. Disagreements are to be brought up and discussed openly at house meetings.
- Tattoos deemed inappropriate by staff must be covered. New tattoos are not allowed during residency.
- Haircuts must remain well-groomed, and hair color must be conservative. Extreme haircuts or unnatural colors are not allowed.
- Only clear or natural eye color contacts may be worn.
- Due to limited closet space, a maximum of 7-10 days' worth of clothing, including casual attire, may be brought in.
- When outside of the living quarters, residents must be fully clothed at all times.

Phone Calls

- No cell phone use during the first thirty (30) days unless approved by the Director.
- Limit your calls to 10 minutes so others can also use the phone. No calls (house or cell) will be made after 11:00 p.m. Be mindful of phone messages and write them down for others. It could be important, i.e., a probation officer or CPS.
- If you receive a call during a meeting, a movie being watched, people talking, etc., take your call to another room or outside. **Do not interrupt others with your conversation.**



HIS JOSHUA HOUSE RULE

Television

- Television is prohibited from 8 a.m. to 4 p.m., Monday through Friday.
- The house TV shall be set to the channel that the majority of viewers select.

House Meetings

- New Residents, for the first 14 days, may not leave His Joshua House without permission (Sponge Mode).
- Participation in the weekly house meeting(s) is MANDATORY.
- Additional meetings may be called when a situation warrants.
- Acceptable reason for excused absence is hospitalization. Otherwise, you are expected to attend all meetings.

Cleaning

- A list of chores will be posted weekly.
- Residents are expected to complete assigned chores in a timely fashion. Chores should be completed by 10 a.m. or before leaving the house. You also have the option to complete chores the night before.
- Completions of chores can and will be verified by the Chore Captains.
- Residents are expected to pick up after themselves and clean appliances after each use.
- Dishes, cups, and utensils must be washed or loaded in the dishwasher immediately after use.
- Personal belongings and trash should not be left out in the house.
- Residents are expected to keep their bedrooms clean. Beds must be made each morning.
- Food should not be stored or consumed in bedrooms for any reason.



HIS JOSHUA HOUSE RULES

Behavior & Expectations

- Residents are always expected to act like mature, responsible adults.
- Residents are expected to behave appropriately during meetings such as Bible study, GED Tutoring, and House Meetings.
- Residents are expected to attend all mandatory programs and meetings scheduled for His Joshua House, i.e., workouts, Friday Meetings, Sunday Meetings, etc. Upon entering His Joshua House, residents sign rules and agreements to attend specific programs and meetings. We hold residents to these house rules and agreements. If a resident is sick or otherwise unable to participate in all mandatory programs and meetings, they will be required to be at the house for 24 hours minimum, meaning no work, no going to the store, and no going out for a walk. They will stay in to recuperate from the illness or heal other issues until they can function again and attend all programs and meetings as required.
- Residents are not permitted to correspond with those confined to prison or jail unless the person is a spouse or immediate family member. Proof of relationship will be required.
- All residents must participate in a Give Back Program 15 Hours per week.
- Progress in the recovery program is expected. Failure to progress will result in a "strike."
- All His Joshua House rules are to help you succeed in your recovery. Failure to obey the rules will
 result in a "strike."
- You will be asked to leave the His Joshua House if you receive three (3) strikes.
- Monday through Friday, residents are to get up and out of bed and be at the meditation table at 6:30
 a.m.
- You are not allowed in the room of others. You may only enter the bedroom where you reside.
- Management has the right to enter any room at any time.
- Cell phones are turned off, and lights are out at 11:00 p.m.
- The living room, dining room, kitchen, and yard are all common areas. Rules of common courtesy, respect, cleanliness, and cooperation are always required.
- Residents are expected to be good neighbors, not just "non-disturbing."



HIS JOSHUA HOUSE RULES

Behavior & Expectations (continued)

- The following is not allowed:
 - Pornography or sexual activity on premises
 - Excessive cussing
 - Fighting
 - Stealing
 - Lying
 - ANY behavior that is not conducive to recovery
 - o Intimate relations between residents are prohibited.

Smoking Policy

- Smoking is not allowed inside the house at any time.
- Smoking is allowed outside, provided that the ashes and butts are disposed of in the proper container. Be mindful and respectful to our residents who are non-smokers.

Visitation Policy

- Any visitation must be pre-approved by management.
- Guests must abide by all house rules and are expected to be clean, courteous, and sober at all times.
- Guests may NOT stay overnight under any circumstances.
- Guests are not allowed in any bedrooms.
- The host resident will be responsible for the guest while in the house.
- Guests will be asked to leave the property for any violation of house rules or procedures. If they are asked to leave, they will not be allowed back on the premises.
- NO GUEST is allowed in the house past 9:00 p.m.



HIS JOSHUA HOUSE RULES

Vehicle Policy

 Vehicles are prohibited during the first sixty (60) days of residency at His Joshua House. After sixty (60) days, vehicle use is considered an earned privilege and will be evaluated by the Executive Director.

His Joshua House Disclosures

- Management or any representative of His Joshua House is not responsible for residents' personal property. Bringing valuables into the house is at the residents' own reis
- Abandoned property will be kept for 7 days.
- Residents are required to arrange to claim this property during this time. Unclaimed property will become the property of His Joshua House.
- Confidentiality Confidentiality rules about client information do not bind His Joshua House. We will disclose or use any information we have to support our residents and their recovery.
- His Joshua House will fully cooperate with and share information with law enforcement and Court
 appointed personnel, including parole and probation officers, Drug and Criminal Courts, Child
 Protected Services (CPS), Court Appointed Special Advocates (CASA), testifying in court and/or
 conferring with team workers, sharing written and verbal reports, and drug test results.
- Surveillance cameras are installed at His Joshua House to protect residents and visitors. They are
 monitored and recorded in all common areas 24 hours a day, seven (7) days a week. The
 placement of these cameras is in accordance with all privacy policies required by State law. His
 Joshua House staff or authorized personnel may use these systems to consider the actions and
 behaviors of residents at any given time.

Relapse

• A resident who relapses (uses alcohol and/or drugs) will be asked to vacate the premises immediately and may not be reconsidered for our program for a minimum of one (1) year.

WE WANT YOU TO SUCCEED!

We are here for you! Please let us know if there is anything we can do for you to help you on your journey to a faithful and successful life.



HIS JOSHUA HOUSE RULES

Additional Expectations for Daily Living

- Between the hours of 8:00 a.m. 4:00 p.m. Monday Friday, if you are not employed at least 25 hours a week, you must be actively participating in your recovery in some form, i.e., volunteering, job searching, continuing education, or any of the following activities to benefit the House:
 - Clean laundry room cabinets (inside, outside, and front)
 - Clean windows (inside and outside)
 - o Clean Blinds
 - Clean refrigerator (inside and outside, drawers and shelves)
 - Remove all items from the pantry. Make a list of all goods. Check expiration date and take inventory of what is available.
 - Clean cupboards inside and out
 - Clean cupboard doors and oven doors
 - o Clean baseboards
 - Move furniture and clean underneath
 - Clean out and reorganize the linen closet
 - Clean under your bed
 - Clean dressers
 - Clean bathrooms
 - Clean hall closet
 - Clean porches
 - Clean ceiling fans
 - Clean cobwebs along the ceiling and corners
 - Clean under the dining room table
 - Mow and weed-eat the yard
 - Pull weeds from the garden
 - o Pick up cigarette butts from the yard/driveway/flower beds. Cigarette butts should only be in the trash can!

Live by God's commandments!

Proverbs 16:27:

"Idle hands are the devil's workshop."

STAY BUSY WHATEVER YOU DO. AND ALWAYS WORK TOWARDS WHAT IS GOOD!



SIGNATURES OF AGREEMENT

I have read the His Joshua House Rules and agree to abide by all rules fully. I understand that						
if I choose to violate them, I will be asked to leave the program and leave the premises and will						
not be reconsidered for residency	for a minimum of one (1) year.					
,	(/)					
A	D-4-					
Applicant Signature	Date					

Date

Volunteer/Staff Signature



RELEASE OF LIABILITY WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

PLEASE READ THIS AGREEMENT CAREFULLY!

BY SIGNING THIS AGREEMENT, YOU GIVE AWAY IMPORTANT LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE HIS JOSHUA HOUSE

Name: (F)	(L)	(M)	
Current Address: City	State		
,			
D.O.B/Age:	Phone #:		
Person to notify in case of emergency:			
Phone #:	Relationship:		

Disclaimer Clause

His Joshua House (also referred to as House), its officers, directors, employees, volunteers, members, and representatives are not responsible for injury, loss, or damage of any kind sustained by any person while participating in the House as a resident, including injury or damage that His Joshua House's negligence might cause.

Assumption of Risks

In consideration of my participation in the House, I acknowledge that I am aware of the possible risks, dangers, and hazards associated with my participation, including the risk of severe or fatal injury to myself or others.

These risks include but are not limited to the following:

- a) The possibility of bodily injury (broken bones and soft tissue damage), including dental damage from falling, injuries incurred while getting on or off (in or out of) the mode of transportation being used for the event, being knocked down or being involved in a physical confrontation, whether caused by myself or someone else.
- b) The risks associated with returning to my residence.
- c) Intoxication or alcohol and drug poisoning from the alcohol or drug I consume under any circumstances.
- d) All other activities associated with my stay or requirements at His Joshua House.



RELEASE OF LIABILITY WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

PLEASE READ THIS AGREEMENT CAREFULLY!

BY SIGNING THIS AGREEMENT, YOU GIVE AWAY IMPORTANT LEGAL RIGHTS. INCLUDING THE RIGHT TO SUE HIS JOSHUA HOUSE

Indemnification and Release of Liability

In return for His Joshua House allowing my voluntary participation in the House and related activities, I agree:

- 1. **TO ASSUME AND ACCEPT ALL RISKS** arising out of, associated with, or related to my participating in the House, even though the negligence of His Joshua House may have caused such risks.
- 2. **TO BE SOLELY RESPONSIBLE FOR ANY INJURY**, **LOSS**, **OR DAMAGE** which I might sustain while participating in the House, even though such injury, loss, or damage may have been caused by the negligence of the His Joshua House.
- 3. TO HOLD HARMLESS AND INDEMNIFY HIS JOSHUA HOUSE FROM THE FOLLOWING:
 - a) Any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my participation in the House and all related activities; and
 - b) Any and all claims, demands, actions, and costs that might arise out of my participating in the House, even though the negligence of His Joshua House may have caused such claims, demands, actions, and costs.

ACKNOWLEDGMENT OF RELEASE OF LIABILITY

I acknowledge that I have read this agreement, that I have executed it voluntarily, and that it is binding on myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

Signed this day	of, in Kingland, Texas
Signed by Resident	Printed Name of Resident
Signed by Volunteer/Staff	Printed Name of Volunteer/ Staff



FURTHER CONDUCT AGREEMENTS

1. SOCIAL MEDIA AND ASSOCIATIONS

residing at His Joshua House. I also	, agree to use NO Facebook or social media of any ki agree to refrain from intimate relationships while residing or men in the program. I agree to ride only with those volum appointments and outings.	g at His Joshua
Resident Signature	Date	
2. SMOKING AGREEMENT		
dispose of cigarette butts in the asht	, agree to only smoke in designated areas of the House rays provided for this purpose. I understand that any violanoking privileges in the House area for some time, as spe	ation of this
Resident Signature	Date	
3. WORKOUT AGREEMENT		
set aside for this program. If I am ur	, agree to participate in the workout program on the desi able to do the workout structure, I agree to walk four (40 I understand that a violation of this agreement will result	times around
Resident Signature	 Date	



CHORE CAPTAIN RESPONSIBILITES

- 1) Plan Family Night dinner and activity. Your role as the designated Chore Captain is crucial in this. At the beginning of your week, you must fill out a form with a list of items to purchase for the dinner and give it to the Director or Resident Manager. Your input is highly valued, and the form will be reviewed and signed upon approval.
- 2) The grocery list must be done by Wednesday at 10:00 p.m.
- 3) The refrigerator/freezer/produce bin must be cleaned and organized by Wednesday at 10:00 p.m. (Resident with Kitchen Duty).
- 4) Residents must sign the chore chart when chores are completed. The Chore Captain checks all chores for completion daily and initials the chore chart when chores are completed. If a chore is not completed, use a Highlighter to highlight the missing tasks.
- 5) Check for weekly chore completion by Thursday at 8:00 p.m. Initial incomplete chores.
- 6) Lead and facilitate the Daily Morning Meditation. This is a time for us to start our day with a clear mind and positive energy. Your role is valuable. Be sure to give considerable thought to your message.

Please note:

Daily chores are to be completed by 10:00 a.m. without exception.

Trash must be out by Wednesday evening, and the trashcan must be placed ten (10) feet from the mailbox. The arrows on the trash bin MUST face the road. By Thursday afternoon, the trash containers MUST be returned to their spot on the side of the House.

IT IS NOT YOUR RESPONSIBILITY TO NAG, FOLLOW BEHIND, REMIND OR ASSIST IN ANY WAY IN GETTING THE CHORES DONE

Your only responsibility as Chore Captain is to initial the chart when the chore is done or highlight if the chore is not done and to ensure residents comply with the sign-off requirement for chores completion.

Resident Signature	Date	
Volunteer/Staff Signature	Date	



BIG BROTHER POLICY

Definition

Your Big Brother is that person you're assigned to when you first come to His Joshua House to guide and lead you during the first days of your recovery.

Expectations

Your Big Brother is responsible for guiding you through your first two weeks, the "Sponge Mode" days. He will be the one to make sure you are up in the morning to attend meditation, what the day-to-day life will consist of, house rules, etc., as you take this walk to recovery. He is your "go-to" person to ask questions or get guidance.

After the first two weeks, you will take on more responsibility without guidance from your Big Brother. But he will always be there for you if and when you need help and support.

Resident Signature	Date	
Big Brother Signature	Date	
Volunteer/Staff Signature	 Date	



SPONGE MODE

Definition

Sponge Mode means to take the time to soak up the recovery process. Put the life you had behind you and focus on living minute by minute, day by day. Your future will unfold, so do not fret or worry about what is beyond the focus of your recovery. You are in a supportive environment. We want you to succeed!

The Process

Sponge Mode is a 14-day process where your time is spent focusing on soaking up recovery and not worrying about anything. During this time of "soaking," you are only allowed to leave the house with Executive Director/Resident Manager or your Sponsor. The Executive Director must approve all visitors before visiting you at the House, including mom, dad, brothers, sisters, aunts, uncles, etc. Any activity outside of the home must also have prior approval from the Executive Director.

Accountability

Accountability teaches us to follow procedure and form the understanding that life does have rules that we all must live by. The realization that after this 14-day period I will be able to go for a walk with the rest of the guys, be able to go to the store without asking permission, but being able to sign out and sign in shows accountability. To be accountable for the little things and feel the satisfaction in knowing you can be accountable will help when the time comes to be accountable for your recovery.

Resident Signature	Date
Volunteer/Staff Signature	Date

"Give your entire attention to what God is doing right now, and don't get worked up about what may or may not happen tomorrow." Matthew 6:34



HOUSE DISCIPLINE PROCESS

A demerit is a mark made against a resident's record for a fault or misconduct.

- 1) A demerit will be issued for any infraction of the His Joshua House Rules. Examples include, but are not limited to, the following:
 - Breaking curfew
 - Not completing chores
 - Dress code violations
 - Not meeting with your sponsor
 - Not attending meetings as required
- 2) Three (3) demerits will result in one (1) strike. Three (3) strikes = eviction from the House.
- 3) For every demerit you receive, you will be required to complete a Learning Experience (LE)

Strike Buy-Back Program

If you go two (2) months without getting a demerit or strike, one strike will be deleted from your record.

Give Back Program

All residents MUST participate in a Give Back Program. This means helping another person at no benefit to you, now or in the future.

- If you work full-time (40 or more hours per week), you must participate in five (5) give-back hours per week.
- If you work part-time (20 39 hours per week). you must participate in fifteen (15) give-back hours per week.

Pass Request Requirement

- 1) Pass requests must be submitted seven (7) days or more in advance.
- 2) To be eligible for a pass, you cannot have received any demerits or strikes within the previous two (2) months.
- 3) The Pass Request Form must be filled out completely. Incomplete requests will not be considered.
- 4) The information on the pass request will be verified. Once verified, the request will be approved or denied at the Executive Director's discretion.
- 5) Residents are **not** eligible for a pass in the first 30 days of residency. After 30 days, residents may be eligible for one (1) overnight pass. After ninety (90) days, residents may qualify for a weekend pass.

Resident Signature	Date