Freebirds Solution Center, Inc.
Recovery Contract for First-Time Guests

Purpose:

This agreement is intended for first-time guests intending to reside at Freebirds Solution Center. The intention of this agreement is to increase the guest's chance for successful drug and alcohol-free living by providing clear expectations for residency at Freebirds Solution Center. As a faith-based organization, we believe in Jesus Christ as our higher power.

Guests must initial column three (3, Guest Initials) to show an understanding and acceptance for each requirement listed below in order to initialize official residency at Freebirds Solution Center.

#	Requirement	Guest Initials
1	Work the twelve (12) steps of recovery with a sponsor.	
2	Pay ($98) per week for recovery support, and pay two (2) weeks in advance, pay for required initial drug screen ($18) upon admission, and pay for intake paperwork - totaling to a ($220) entry fee.	
3	Follow all FSC rules and regulations as listed in the House Rules document provided to resident via intake packet.	
4	Submit to random lab drug screening and pay ($18) per screen.	
5	Accept random search of personal possessions and vehicles that I park on Freebirds Solution Center grounds.	
6	Waive any landlord-tenant rights in order to be a guest at any Freebirds Solution Center residence.	
7	I am responsible for all payment towards my account. If it becomes necessary for any third-party to become involved in collection of unpaid fees, I agree to pay in full, all costs and expenses including reasonable attorney fees. My account will be turned over to a collection agency thirty (30) days after my successful or unsuccessful discharge from Freebirds Solution Center, whether I have not made any payment arrangements with Director of Operations, or if I have made payment arrangements, but have not made payments as per agreement / arrangements.	
8	I agree that Freebirds Solution Center has the right to discharge me immediately with no warning for any of the following reasons: • Use of illegal drugs / alcohol, use of unapproved prescription medications as evidenced by drug screen results, behavior, or refusal to participate in screening process. • Having illegal drugs, alcohol, or approved or unapproved medication(s) (medications not handed in to and approved by staff, medications under a name other than my own, medications without prescription bottle / label) in my possession (on my person) or in my belongings. Approved medications must be handed in to Freebirds Solution Center Staff. • Trafficking of illegal or prescribed drugs / medications. • Abuse of prescribed or illegally obtained medications. • Sexual relations with other guests, residents or staff members. • Sexual harassment of other guests, residents or staff members. • Threats of violent acts by myself or by any other party towards other guests, residents, or staff members. • Destruction or theft of any property owned by other guests, residents, or staff members. • Staying out past given curfew or overnight without written consent / permission form from FSC staff. • Being on the premises of an establishment whose primary purpose is the sale of alcoholic beverages or illegal drugs.	
9	If I am unsuccessfully discharged from Freebirds Solution Center, I agree that I must not return to the premises without written staff approval.	

These rules will be enforced without prejudice and if you violate any of these rules, you will be asked to leave the property of Freebirds Solution Center immediately. Your personal property will be packed by Freebirds Solution Center staff members and available to you within a reasonable time frame.

Applicant's Signature Meaning - Applicant agrees to the conditions stated within this contract in order to reside at Freebirds Solution Center.

_____ ____/____/____ _____

Applicant Signature Date Signed Applicant **Printed** Name

Freebirds Solution Center Staff Member Signature Meaning - Staff member agrees to accept the applicant as a resident at Freebirds Solution Center under the conditions stated within this contract.

_____ ____/____/____ _____

Staff Member Signature Date Signed Staff Member **Printed** Name