# STEPPING STONES APPLICATION

A non-profit 501(c)3 organization providing a faith/recovery based Transitional Living Facility **Stepping Stones Application Form (strictly confidential)** 

APPLICANT INFORMATION			
Name:		DOB:	
Current address:		Cell Phone:	
City:	State:	ZIP Code:	
Email:			
Driver's License: Yes No	Expired	Suspended	
Desired Entry Date:			
PLEASE PROVIDE DETAILS OF ANY CURRENT OPEN CASI	ES AND/OR PREVIOUS VIOLENT OFFENSES:		
I PREVIOUSLY LIVED WITH:			
Spouse:	Boy/girlfriend:	Parents:	
Other family Member:	Friend:	Other:	
I WAS REFERRED TO TEE BOX BY:			
Parents:			
Relative:	Pastor:		
Counselor/Therapist:	Social Worker/Case Manager:	Attorney/Public Defender:	
Parole Officer:	Other:		
EMERGENCY CONTACT			
Name:	Address:		Phone:
USAGE INFORMATION			
Date of last drink:	Date of last drug use:		

## STEPPING STONES: WHO WE ARE

A non-profit, 501(c)3 organization providing a faith/recovery based Transitional Living Facility

### **Stepping Stones Mission Statement:**

To offer hope and direction to those affected by drugs and alcohol in a safe and supportive environment.

### **Stepping Stones Vision:**

To reduce the traffic through the revolving door from active addiction to jail and back and to give individuals a safe environment to learn the basic skills to live life without the use of drugs and alcohol.

### **Needs that are met through Stepping Stones**

- 1. Daily physical needs providing housing
- 2. Employment and volunteer opportunities providing a sense of purpose
- 3. Financial resources to meet personal needs (i.e., personal hygiene, clothing, recreation, etc.)
- 4. Education to help a resident thrive and become a productive person in society
- 5. Healthy, clean, and safe environment in which to grow and mature
- 6. Exposure to alternative avenues for recreation and relationships
- 7. Mentoring and fostering for success
- 8. Help with self-esteem issues
- 9. Healthy attitude for dealing with authority and reality
- 10. Weekly support and group interaction
- 11. Opportunities to discover a personal relationship with God

**Proposal:** To support the *whole person* by providing a 90–120-day transition home to help an exoffender adjust to his new life in a positive fostering environment, while securing employment and understanding his roles and responsibilities as a productive member of society.

**Outcome Measurement:** The goal of the home would be to reduce the recidivism rate by 50% or more. The measurement would be gathered by surveys and court records. Outcomes will be developed addressing the key factors listed above.

#### **Encouraging Through Accountability:**

Each resident will be responsible for purchasing and cooking his own food as well as cleaning his bedroom and helping to keep all common areas clean. Residents are responsible for snow removal from sidewalks and driveway as well as mowing the lawn. Residents are charged no formal rent but must secure employment within the first 30 days (no cash jobs). In place of rent, the residents will be charged \$75.00/week for Supervision and Testing Fees. Should a resident be participating in Drug Treatment Court, they are court ordered not to gain employment for the first 60 days of their program and will be exempt from the 30-day employment deadline. If non-Drug Treatment Court residents fail to gain employment within 30 days, their stay at Stepping Stone may be in jeopardy of termination.

#### **Promoting Responsibility**

While living at Stepping Stones, residents must actively pursue lifestyle changes and abide by the rules of the home to help in providing a safe, secure, alcohol and drug-free environment. Resident responsibility is highly emphasized at Stepping Stones. The Stepping Stones team will discover problems quickly and take decisive action. Residents will not be permitted to stay if they continue to use drugs or alcohol or continue to disregard the rules of the house.

### Responsibilities of Residents: (initial AFTER each responsibility)

•
*Resident must abide by the rules of probation, parole, or extended supervision ( <i>if applicable</i> )
*Maintain clean living area and support cleaning of common areas of the house and initial the posted
weekly chore sheet
*Diligently pursue job search during work hours ( <i>if not employed</i> ) with at least 3 applications per
week until employment is secured unless otherwise approved by staff due to attending things such as
IOP which interfere with the option of any type of employment
*Remain alcohol and drug free ( <i>subject to random drug and alcohol testing</i> )
*All residents are to be respectful of other residents
*Hazing, intimidation or threatening of other residents will <b>not</b> be tolerated
*All residents must complete meeting attendance sheets weekly including a minimum of 3 meetings
with signatures per week.
*All residents are required to sign in and out every time they leave the house and return with location
time and date

## **Point System for Accountability**

Each resident will be held responsible for his own actions. The point system is governed by the resident's ability to follow rules, willingness to recover, and ability to remain at this level of care. Each resident with begin with 5 points and deductions will be made with each infraction as indicated below:

- ½ point: Sign out/in not completed; curfew not adhered to; designated chores not completed weekly; room not kept in order, bed not made daily, food or drink in room (other than bottled water)
- 1 point: Failure to adhere to the House Rules (see page 4). For the safety of all residents, some House Rule violations may result in immediate termination
- 1 point: gone overnight without permission; second overnight violation will result in termination
- 5 points: Relapse of any kind will result in termination from Stepping Stones.
- 2 points: Missing IOP/MRT (only applicable if determined by an AODA professional counselor as necessary)
- 5 points: Engaging in sexual acts of any kind with opposite or same sex persons in the house; drugs/alcohol found on person, in belongings, or in assigned room; violence against another resident, Stepping Stones Staff, or any other person
- Points within the first week of residency are subject to being doubled
- ½-1 Point for each weekly meeting attendance sheet not completed with at least 3 meetings with signatures. The residents cannot sign their own or other residents' sheets.

	epping Stones- House Rules ( <u>initial AFTER each rule,</u> showing you have read and ee to follow)
1.	Residents must have a social security card and valid state picture ID card on hand
2.	Residents must apply for services through Economic Support, if applicable
3.	No smoking, no vaping, no tobacco uses of any kind inside the residence
4.	No drugs, no alcohol. Over the counter medications must not contain alcohol (examples include, but are not limited to: Nyquil, Listerine)
5.	All prescribed medications must be approved by Stepping Stones Staff. All medications must be kept in a personal lock box, provided by Stepping Stones Staff, and always
	locked
6.	Residents agree to have all personal belongings searched by The Stepping Stones Staff, police K9 unit, and landlord at any time, without notice
7.	No weapons of any kind (examples include, but are not limited to guns, knives, etc.).
8.	Violence against another resident, Stepping Stones Staff, or any other person will not be
	tolerated
9.	Residents will not tamper with or manipulate cameras in any way
10	. Residents will be dressed appropriately in common areas (living room, kitchen)
11	Residents will sleep in assigned bedroom only. No sleeping on the sofa or switching bedrooms
12	No engaging in sexual acts of any kind with opposite or same sex in the house
	. Positive media only (this includes all forms: book, internet, tv, etc.) allowed in the house.
	Absolutely no pornography
14	Residents agree to random drug/alcohol screening
	No visitors or guests are allowed in the house. Stepping Stones residents of the opposite sex are also not allowed in the house.
16	Residents will be responsible for their own transportation (including, but not limited to work, appointments, meetings, interviews, etc.).

17. No gaming (for financial gain) on the premises. \_\_\_\_\_ 18. Cash jobs do not count as primary employment.

19.No vehicle allowed onsite u registered.	unless resident has a valid driver's license and the vehicle is legally
	nd make the bed by 9:00 AM throughout the entire week (Depending
on shift work, this could be	
	when leaving/returning with their name, time they left/returned, and
their destination.	
22. Residents have a curfew of	f 10PM-5AM all week for the first week. After first week, Friday and
, ,	ne 12AM-5AM. Work shifts/transportation excluded. Residents will go ny violations occur for at least 2 weeks.
23. Residents will be required	d to attend the Weekly House Meeting on Saturdays at 9AM
24. Residents are expected to	attend at least three group support meetings each week and have a
meeting attendance sheet s	signed and turned in each week.
(NA, AA, Bible Studies, chu	• ———
	ssions must be removed. All items left may be discarded
	g Stones, residents must leave the room as clean as it was at move in;
bed made, and all items re	
-	en to Stepping Stones staff ("Staff" is an inclusive term in all Stepping
	g volunteers, mentors, officers, directors, employees, agents, and
successors of the Sheboyg	
	ember of Stepping Stones staff is subject to point deduction
	Rules is subject to $\frac{1}{2}$ point to 5-point deduction and may be grounds at Stepping Stones. Any violations during the first week will be
. =	 f any money or personal property is prohibited. If an issue occurs
_	beyed this order, Stepping Stone takes no responsibility for those
	residents involved may be assessed points against them
-	pping Stones property and will be held liable for any damage done to
the house while living there	
32. Residents must seek full tir	me employment immediately, unless they are in some type of AODA
counseling	
	e:
Probation/Parole Officer's Phor	ne #:
Probation/Parole Officer's emai	il address:
Family Members you are in co	ontact with:
	Relationship:
Phone number:	
How is your relationship with th	em? Good/Bad/Strong/Weak/Healthy? Explain:

2) Name:	Relationship:
Phone number:	
	n? Good/Bad/Strong/Weak/Healthy? Explain
3) Name:	Relationship:
Phone number:	
How is your relationship with ther	n? Good/Bad/Strong/Weak/Healthy? Explain
NA/In a 4 in a company (a) a final a 20	
What is your drug(s) of choice?	
At what age did you start using di	rugs/alcohol?
At what age were you first incarce	erated?
Do you have any special medical	needs? Explain:
Do you have a medical need that	requires you to take prescription drugs? If so, please explain:
What was your career/job situation	n before becoming incarcerated?:
	<del></del>
What is your future career/job go	als?:
Who in your life will support your	new/healthy lifestyle?:

Which of these rules will be the hardest to follow? No drugs? No alcohol? Going to meetings? Curfew? Why?:
What do you like to do for fun/hobbies?:
What are you hoping to accomplish by being accepted into Stepping Stones?:
What is your background with church and/or Jesus?:

#### RESIDENT STEPPING STONES AGREEMENT

The Resident Stepping Stones Agreement has been developed as an additional tool to assist in the resident's transition back into an independent, sober lifestyle following release from treatment and/or incarceration. As such, the resident will pay money toward SUPERVISION/TESTING FEES in the amount of \$75.00 weekly beginning as soon as gainful employment has been secured. The resident is expected to find a job within the first 30 days of residency (see page 3, Encouraging Through Accountability). These funds will be the responsibility of the residents and failure to do so may lead them to being asked to leave Stepping Stones. This has been developed to help discipline the residents in the accountability of paying bills responsibly and can be used as a reference to property owners in search of "rental history." For the resident to ask us to account for good payment history, they must follow the three following conditions during their stay:

- 1. The resident has met with a counselor from Consumer Credit Counseling Services to create a budget and complete budget counseling. This service is free.
- 2. The resident has not committed any violations adding up to point loss sufficient for eviction from the house (see page 3, *Point System for Accountability*).
- 3. The resident has shown a strong history of abiding by house rules, getting along with other residents, maintaining employment, and working on individual recovery. No *Notice of Release* Form has been received by the resident which would eliminate him from any possibility of an extension in residency.

nas been received by the resident which would eliminate him from any possibility of an extension in residency.
Please initial and sign as indicated:
<i>I acknowledge</i> sole responsibility for all medical, dental, and other expenses owed for myself and any third parties as a result of my acts or omissions whether intentional, negligent, or other, during my stay at Stepping Stones.
I hereby waive any claims, demands, suits, damages, loss, judgments, liens and /or assessments which they may have or incur individually or jointly for either personal injury or property damage, against Stepping Stones, their officers, directors, volunteers and/or employees as a result of any action taken by their officers, directors, volunteers, and/or employees during the course of my stay at Stepping Stones.
<i>I further agree</i> to reimburse Stepping Stones for any damages to the residence or home as a result of my actions.
I further agree to hold harmless the Stepping Stones staff (past, present and future) for any iability which may be imposed upon Stepping Stones, their members and/or employees, as a result of any injury to myself or my personal property, and/or as a result of any injury to a third party resulting from acts or conduct by myself.
I further agree to safety and health inspection of the rooms and property by Stepping Stones Staff, police, and landlord. Inspections may be done at any time, with or without resident being present.
I further agree to the in-house security system for the safety of all the residents.
I have read, understand, and acknowledge receipt of the rules, disclosures, requirements, and commitments. I agree to abide by all the rules as set forth by Stepping Stones. I further understand that disobedience of said rules may result in dismissal from the house or loss of privileges, said determination to be at the sole discretion of Stepping Stones or any duly appointed representative.
Signature
Printed Name Date
Witness Signature

Date \_\_\_\_\_

Witness Printed Name

#### **OFFICE USE ONLY:**

Intake Interviewer:		Stepping Stones Director	
Approval Date:	Initials:	Approval Date:	Initials:
Comments:		Comments:	
Exit Date:		Exit Date:	