

# Program Manual & Admission Agreement for Gospel Homes for Women

A sober home is any premises, place, facility, or building that provides housing accommodation for individuals with a primary diagnosis of a substance use disorder (SUD) that is alcohol and nonprescribed or illicit drug free. The home should also promote independent living and life skill development and provide structured activities and recovery support services that are primarily intended to promote recovery from substance use disorder (SUD).

If discharge becomes necessary for the safety, welfare and sobriety of the client, or the health and safety of other clients or staff is at risk or would be at risk if the client continued to reside at the Recovery Residence, the client will be asked to leave.

Upon termination, the client will be given a referral list of alternative housing options, crisis number(s), and the reason for termination from the current sober home. These referrals and reasons will be documented in the client's file.

By signing this before a witness, I agree to follow the above to the best of my ability. I realize that infractions of these guidelines can result in termination from this program.

## SIGNATURE PAGE

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Home resident

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date

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House manager/witness

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date

Gospel Homes for Women [www.gospelhomesforwomen.org](http://www.gospelhomesforwomen.org)  
Director Rev. Marilyn Vyzourek  
30 Lawrence Avenue Colorado Springs, CO 80909 4092 Morley Cir. 80916  
Office (719) 633-5079 Cell (719) 291-3406 marilynvyz@yahoo.

**CONSENT TO SEARCH, UA 'S, AND RELEASE OF LIABILITY**

I the undersigned agree to allow staff of Gospel Homes for Women to search my room or belongings or person if there is reason to believe that I may be concealing stolen property, drugs or alcohol, items taken from the Gospel Home without authorization; or evidence that may be used in a criminal investigation. I realize that this may be done in my presence or while I am absent from the premises.

I further agree to allow Gospel Homes for Women to give me a random **urinalysis** to test me if they suspect that I have used drugs or alcohol. I further agree, understand and acknowledge that if I am absent from the home without valid reason that may constitute grounds for a urinalysis or breathalyzer.

I further agree to release Gospel Homes for Women from any and all **liability** arising from my stay there. This includes but is not limited to personal injury, emotional injury, defamation of character, false representation, physical injury while in vehicles used for transportation in the ministry or volunteer's vehicles while volunteering, food poisoning, etc.

I further realize that the **pictures** or testimonies given or taken during my stay in the program may be used for the furtherance of the mission of the agency with my permission.

I realize that the program **fee** of \$600.00 a month starts on the day that I enter the sober living home and that the payment of it is my sole responsibility. Asking a friend, relative or supervising authority for help in this matter is not the responsibility of the Gospel Homes for Women. The responsibility for getting help with these payments is the sole responsibility of the program participant. If you pay for a month and then your behavior or your personal decision causes you to leave, we do not refund your money.

I realize that the COVID-19 virus can be contracted in most public/group settings, and I will not hold Gospel Homes for Women liable in the unlikely event that I may contract the disease while residing at one of the homes.

\_\_\_\_\_  
Program Participant

\_\_\_\_\_  
Date

Staff

Date

TO BE COMPLETED UPON ENTRY

RELEASE OF INFORMATION

RE: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby give consent to The Fourth Judicial District Probation Department or Colorado Department of Corrections Adult Parole to exchange oral, written, and electronic communications with each other and Gospel Homes for Women.

Information disclosed may include the following:

- |  |                             |
|--|-----------------------------|
| Medical History and Examination Data               | Attendance Information      |
| Adult/Juvenile Criminal History                    | Drug and Alcohol Testing    |
| Pre-Sentence Investigation Report                  | Criminal Status Information |
| Mental Health Information (hist, treatment, evals) | Treatment Information       |
| Substance Abuse/Medication Info                    | Probation or Parole Orders  |

I understand that my alcohol and/or drug treatment records are protected by federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and may also be protected by the Health Insurance Portability Act (“HIPPA”), 45 C.F.R. Pts. 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that recipients of this information may re-disclose it only in connection with their official duties.

I understand that I may revoke this consent at any time in writing. However, if the court or parole has made it a term and condition of probation or parole that I sign an authorization for release of information and I revoke my consent, I may be in violation of my probation or parole. I am aware that if I revoke my consent, in writing, the withdrawal will not be effective as to uses and/or disclosures of my health information that the person(s) and or organization(s) listed above have already made in reference to this authorization.

I understand that if my records are protected by HIPPA, this consent expires and cannot be used past the date I am no longer involved with the justice system or Gospel Homes for Women. I understand a copy of this form is available upon request.

\_\_\_\_\_  
Signature of Probationer, Parolee, or participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date