



House Guidelines for Guests

Please read carefully as this is an agreement between residents and Hope Manor

Hope Manor is NOT a housing community; we are a recovery-oriented community. Our Philosophy is rooted in the 12 steps of recovery. We are here to encourage you through this lifesaving, life-enriching process and to hold you accountable to the following rules and guidelines:

Violation or an inability to comply with the following rules is grounds for immediate discharge from Hope Manor. Please note that if you are mandated by parole, probation or court and you are discharged for any reason that the incident will be reported immediately to the supervising officer. We will also notify the person you list as relative. **No refunds are given under any circumstances.**

Law Enforcement, Parole/Probation officers are granted access to house and information on all residents at anytime.

1. NO use of alcohol or any mind-altering and/or mood-changing drugs.
 1. If you assist or allow another resident to use (this includes NOT informing managers if you are aware of another resident in violation) you will be immediately discharged from Hope Manor.
2. All Doctor prescribed medication and all over-the-counter drugs MUST be approved.

1. Applications must clearly state any and all medication a person is taking and for what condition, in order to determine whether that person is eligible to be a resident at Hope Manor.
 2. Hope Manor reserves the right to attend doctor appointments with residents and confirm ALL medical information with Doctors, Dentists, Hospitals, etc., before and during residency at Hope Manor.
 3. Any regular medications that are discontinued, need to be done under a doctor's supervision. A letter from your healthcare provider is needed prior to stopping medication.
 4. All residents must check with House Manager before taking any medication including over the counter and supplements.
 5. Residents may not use mouthwash, or any other product, unless it is alcohol-free. No poppy seed food or products can be consumed/used.
3. Residents must submit to urine drug screens and/or breath tests upon request.
 1. Refusal to submit to a drug screen and/or breath test will be considered an admission of using.
 2. Once asked for a urine sample, you MUST produce it within 1 hour and you may not leave the eyesight of manager until results are finished.
 3. The results of the drug test will be considered final. If resident insists the test is incorrect, then resident will be responsible for immediate testing from an outside agency. The test will be at the expense of resident and if positive the resident will not be allowed to ever re-enter Hope Mano
 4. If Hope Manor suspects you are using or drinking, a positive urine result is not required for discharge.
 4. Residents are not allowed to work in or go into any alcohol-serving or adult entertainment establishments while at Hope Manor including, but not limited to bars, nightclubs, or casinos. Any questionable establishment should be cleared with house manager.
 5. If a resident relapses she/he may be allowed back to Hope Manor after two weeks, with careful consideration by administration.
 1. The period for re-entry and/or length of Phase 1 and 2 may be lengthened.

6. Residents will attend AA and/or NA meetings. If resident is employed (20 hours or more) they will attend a minimum of **7** meetings per week. If unemployed (or less than 20 hours) residents will attend a minimum of **14** meetings per week.
 1. Number of meetings is not negotiable. Treatment/outpatient, Celebrate Recovery, church, sponsor meetings, counseling, etc., do not count as meetings.
 2. Residents will attend **2** meetings chosen by Hope Manor in addition to the weekly house meeting.
 3. Residents must participate in the program of AA/NA/DAA, which means getting a home-group with a commitment, a sponsor, and actively working the 12 steps.
 4. Residents must meet with their sponsor weekly. Make sure the person you choose has the availability to do so.
 5. If a resident chooses to change sponsors, they need to have a new sponsor lined up before parting ways with their old sponsor AND they must notify their house manager.
 6. Residents **must** have meeting cards signed by house manager or chairperson running the meeting, immediately after the meeting has ended.
 7. Proper meeting etiquette is required at all meetings. Cards will not be signed if resident is not in seat before meeting opens, leaves before final closing, uses phone or is disruptive or distracting in any manner.

7. Each resident is expected to be self-supporting and must contribute financially to the running of the Hope Manor home. Payment of \$250 fee is due on the 1st and the 15th of each month. If fee is not paid, is late, or if you have a balance to Hope Manor residents may be placed on Financial Probation, which may include:
 1. A modified Phase I.
 2. Providing manager with pay stub and a written budget/financial plan.
 3. All budgets need to be turned in by 5pm two days before fees are due.
 4. If resident is unable to pay, depending upon the individual situation/circumstances, you may be asked to leave Hope Manor.

8. Each resident is allowed to bring the equivalent of 2 large suitcases.
 1. Residents are responsible for keeping their personal areas neat and clean, including nightstands, dressers, closets, under their bed, etc.
 2. A resident's clothing and personal belongings must always be stored neatly. All rooms are subject to random inspection for cleanliness and contraband. This

includes drawers, closets, etc. Please be mindful that limited space means limited belongings.

3. Photos, posters etc. must be placed on each person's billboard and are not allowed on walls.

9. Guests and visitors:

1. No visitors of the opposite sex are allowed in the Hope Manor houses.
2. Adult visitors are only allowed at the invitation of a resident, must be approved by manager and can only be in the common areas of the house.
3. All visitors, including sponsors, are allowed from 10am and must leave by 10pm.
4. No overnight guest(s) are permitted in Hope Manor houses.
5. Sponsors may meet with residents in approved areas.
6. No resident or guest is ever permitted in another person's bedroom.
7. If resident has children ongoing visitation guidelines will be determined by administration. All visits must be approved by the manager and must take place in the common area of Hope Manor or in the back yard.

10. No Resident may date or have romantic relations with any other Hope Manor Resident who lives in the same house.

1. If resident is on probation or parole, she/he must get written permission to spend one on one time with any individual, outside of Hope Manor, who is also on probation/parole.
2. Residents cannot spend time with anyone who is in active addiction/alcoholism.

11. No stealing, fighting, or threats of physical violence.

1. Derogatory slurs of any kind will not be tolerated.
2. Absolutely no pornographic or racial hate materials allowed in Hope Manor.
3. No paraphernalia or weapons are allowed on Hope Manor property at any time.
4. There is ZERO tolerance of a resident taking other resident's food and a \$50 fine will be charged for all violations.

12. No participation or involvement in any illegal activities.

1. This includes being in the presence of illegal activities.
2. All incidents must be brought to the attention of management immediately.

3. All interaction with law enforcement must be brought to the attention of management immediately.

13. At Hope Manor we practice the principle of being self-supporting, as such all residents are required to work or attend school a minimum of 20 hours per week.

1. No Resident is allowed to work more than 40 hours per week.
2. Residents must supply Hope Manor with work schedule as well as name of immediate supervisor, work phone number and address. Work/school schedules must be turned in by 10pm Sundays.
3. Curfew is not adjusted for work
4. Unemployed residents must submit at least, but not limited to, 2 applications per day.
5. Upon approval daily treatment may qualify as “work.”

14. At Hope Manor we believe in a lifestyle of service and “giving back,” as such we have occasional mandatory volunteer opportunities in the community. You will be given plenty of notice to request the time off work.

1. At events you represent Hope Manor. Any breach of respectful conduct will result in consequences.

15. At Hope Manor we believe in participating in recovery events, as such there are 2 mandatory conferences per year. Hope Manor may require additional recovery events/workshops/activities during the year.

1. Registration fee, lodging and travel for these conferences are paid for by Hope Manor.
2. Hope Manor will provide letters to residents for Probation Officers and employers, if needed, however it is the resident’s responsibility to get any necessary paperwork completed for trips.

16. Residents are required to adhere to curfew.

Sun – Thursday	11:00pm
Fri and Saturday	12:00am (midnight)

1. **Adherence to curfew means signing in by times listed and remaining in house.**
2. Residents must call house manager if an emergency arises, and they are going to be late.
3. If resident is late a U/A and Breathalyzer will be given and the cost of tests will be charged to the resident and additional consequences may result depending upon the circumstances.

17. Quiet time is at 10:00 p.m. during the week (Sun-Thurs) and 11pm on Friday & Saturday.

1. Quiet time is defined as respect of others while sleeping. Residents may watch television after quiet time, provided that other residents are not disturbed.
2. No use of washer and/or dryer after quiet time.
3. No cooking or coffee after 10 pm, however microwave may be used.

18. Mandatory Chores and Hygiene: Chores promote personal responsibility so paying or asking someone else to do your chores is NOT permitted. Failure to have chores completed will result in possible reduction of Phases and/or various other consequences.

1. Residents are required to have bed made, bedroom tidy and assigned chores completed and signed off on before leaving the premises for the day or by 9:30 am at the latest.
2. If resident is scheduled to work AT or **before** 7:00am, arrangements can be made to do your chore/s after work – however this **must** be approved by a manager the night before by 10pm.
3. No one is to be in bed during chore check.
4. Residents are required to tend to personal hygiene daily, this includes a daily bath or shower. If someone is in need of hygiene products, please inform manager.
5. Bedding is to be washed every week and signed off on chore sheet by 10pm on Sundays.
6. Residents may not sleep on top of comforter, on the couch or floor.
7. Deep Cleaning will be done monthly and checked on the 1st Sunday each month. This includes a thorough cleaning of the entire house. Couches and chairs, etc.

must be pulled out and cleaned behind. Ceiling fans, shelves, trim, appliances, etc. must be cleaned appropriately.

8. No eating or drinking (other than water) is permitted in any area other than kitchen and dining room. Food is not to be left on the counter. All food must be stored in refrigerator or cupboard.
 9. Washer and dryer may only be run from 8:00 am – 10:00 pm. Loads must be medium to full loads, but DO NOT OVER FILL. If any laundry is left in the machines for longer than 30 minutes it will be confiscated. Do not leave the house while you have items in washer or dryer.
 10. No resident shall change assigned bed or rearrange furniture without permission from the manager. No one is to bring any furniture or hang anything on walls.
19. Residents are required to sign out when they leave from the house and sign in immediately upon returning to the house.
1. Resident must list where they are going, who they are with, and how they are getting to destinations.
 2. When spending time with nonresidents, full name of each individual and their phone number must be listed on the board.
 3. Hope Manor has the right to verify information listed on the board at any time.
20. No resident may borrow money from another resident.
1. No resident who is on Phase 1 may use another resident's or nonresident's phone. If a resident allows a Phase 1 to use phone or other electronics, a reduction in their phase will occur.
21. All residents are responsible for their own medical condition.
1. Hope Manor is not liable for any resident at any time.
 2. In case of emergency managers will notify the authorities and be as helpful as possible but will not be responsible for resident's condition or emergency/medical treatment.
 3. Residents must inform management of all medical appointments/illness in advance.
 4. All prescription, over the counter medications and all supplements must be approved by manager and inspected before bringing them into house.

5. All prescriptions (including refills) must be brought home in stapled pharmacy bag and cleared by manager.
22. Any and all items left at Hope Manor 30 days after a resident leaves Hope Manor will be considered a donation. At no time is Hope Manor responsible for resident's belongings.
23. Hope Manor does not provide transportation and residents are responsible for their own transportation.
1. No personal vehicles are to be driven without providing Hope Manor with a copy of a valid license, registration, and proof of insurance on the vehicle to be driven.
 2. Residents are not allowed to lend their vehicle to any other resident.
 3. One vehicle per person is allowed on the property or street at Hope Manor. Vehicles must be searched prior to use and can be searched at any time thereafter.
 4. Hope Manor reserves the right to deny the privilege of having a vehicle at the house.
 5. Vehicle must be in working condition or it will be towed at owner's expense.
 6. Everyone with a vehicle is expected to be of service and help other residents get to meetings; residents needing rides should ask 24 hours in advance and are expected to be of service in other ways and/or pay for gas.
 7. Hope Manor does inspect vehicles upon arrival and at other times as needed.
24. No Resident should disclose any information about another resident or former resident to anyone outside the community (except parole/probation/law enforcement)
25. After 90 days in the house, on Phase 3 with good standing (current on fees, employed, meeting attendance, chores, etc.) AND finished the complete set of Peter M. CD's, a resident may be granted a 48 hour pass once every 30 days, or a 24 hour pass every 14 calendar days.
1. Resident must have completed the 2nd set of recovery CD's (Peter CD's) to be eligible for a pass overnight or for the day.
 2. Resident must provide a written request by 12:00 pm to be considered at managers meeting prior to the requested pass
 3. Resident must provide time and date of departure from house, return date and time, full name, address, and phone number of planned location.

4. Residents will be given a UA test upon return to the house.

26. No smoking or vaping in house at any time
 1. Smoking and vaping are only permitted in the designated smoking areas.
 2. No loitering (or sitting in cars) in front of house or in alley.
 3. The address of the house is confidential. Do NOT give it out without approval from administration.

27. No TVs, space heaters, humidifiers, personal refrigerators, etc. are permitted
 1. Do not touch thermostat at any time.

28. Hope Manor may implement other rules or regulations on an individual or the community as it deems necessary and reserves the right to use our interpretation of these rules.

Probation Period

The probation period lasts for 30 days. It is divided into two phases.

PHASE I (first 14 days)

1. Resident is **not** allowed to leave the immediate premises (yard) without a senior house member (phase 2 or 3 resident).
2. When outside the home, resident must remain with the high phase.
3. Resident must list high phase accompanying them on the sign-out board.
4. Resident must provide manager with official work schedule.
5. Resident may work no more than 25 hours.
6. Residents will be allowed to report to work without a high phase and has a 20 minutes grace period to go directly to work and directly return from work.
 1. As circumstances warrant, the House Managers may make exceptions as they feel necessary. This is determined based on whether the request is a need or a want.
7. **No** visitors (in or out of the house) during Phase 1.

1. **Hope Manor makes exceptions for residents with children (all visits must be approved by the manager 24 hours in advance and must take place in the common areas of Hope Manor or in the back yard)**
8. *Until the day you start work, you are considered unemployed and must remain on job-search. A minimum of 2 job applications per day must be submitted (completed and turned in) until resident is employed.*
9. *Cell phones must be turned into manager and will be given to resident for one hour per day, to be used in the common If phone time is abused or misused, it will not be granted the next day.*
10. *Resident must have a job, a Home Group, commitment at Home Group, a sponsor and Hope Manor CDs must be halfway (9) completed before moving on to Phase 2. Meeting Etiquette must be adhered to for CDs to count.*

PHASE II (14-30 days)

1. *Phone will be returned to resident*
2. *Resident may leave Hope Manor alone for 2-hour periods of time **with prior** approval of manager.*
 1. *Full name & phone number of anyone (outside of house) resident is with during 2 hours must be listed on board. No changes of destination or exceptions allowed.*
 2. *No Hope Manor resident may spend time with anyone in **active addiction/alcoholism.***
3. *Residents have 20 minutes grace period to get to work and return from work.*
 1. *As circumstances warrant, the House Managers may make exceptions as they feel necessary. This is determined based on whether the request is a need or a want.*
4. *Resident may submit a written request to work up to 32 hours.*
5. *Resident must be in good standing on Phase II, all of Hope Manor CDs (18) must be completed, fees paid, meetings attended and consistent weekly sponsor meetings before moving on to Phase 3.*
6. *Resident must complete 5th step with sponsor before they are eligible to request 40 hours of work*

**** Management reserves the right to lengthen or place a resident back on Phase I or II at any time if deemed necessary for the sobriety and safety of the resident or house members as a whole.***

**** Print, complete, scan and email back to HopeManorAdmissions@gmail.com OR mail to***

PO Box 1301 Bismarck, ND 58502

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

HOPE MANOR RESIDENT AGREEMENT

Please read the following, initial by each section and sign at the bottom.

____ I understand that this application needs to be completely accurate and honest. I understand that if the application is not accurate, I may be asked to leave Hope Manor immediately and without refund.

____ The above listed rules were explained to me, and I understand them.

____ I understand that I am a guest at Hope Manor.

____ I agree to follow these rules during my stay at Hope Manor.

____ I understand that my continued stay at Hope Manor is contingent upon completion of my 30-day probationary period.

____ I understand that I must be able and capable to care for myself, comply with daily house requirements, and find employment without the need for supervision.

____ In consideration of the permission granted me to stay temporarily as a guest in Hope Manor, I promise and agree to observe and abide by all the rules, regulations and requirements stated above and any further rules that administration may need to include for the smooth running of the facilities.

____ I promise and agree to peacefully leave the premises at any time that I drink any alcoholic beverages, use any mind-altering chemicals, violate any of the above-mentioned rules or whenever requested to do so by management.

____ I understand that I will be required to remain drug and alcohol free while living at Hope Manor.

____ I agree to submit to a urine and breath test at any time and that refusal will result in my immediate discharge and agree to leave Hope Manor if a positive result comes up.

____ I agree to waive and relinquish any and all claims and demands for damages which may or might arise in any way and from any cause, whether from personal treatment or any patent/latent defect in the premises or other direct or implied negligence, regardless of the nature and the occasion thereof.

____ I am not under the influence of any non-prescribed mind- or mood-altering substances at this time and I understand what I am signing.

____ I understand that Hope Manor is not responsible for me if I relapse and transportation from the house is my responsibility. I understand that Hope Manor will **only** take me to the homeless shelter upon relapse/termination.

____ I agree to waive my right to any and all eviction procedures and will leave at Hope Manor's request.

____ I understand and agree to allow Hope Manor to have access to search my possession, vehicle, and phone at any time while I am a resident and that if I refuse, I will be terminated from Hope Manor.

____ I understand and agree that Law Enforcement & Parole/Probation officers are granted access to house, my possessions, vehicle, phone and all my Hope Manor information at any time, without cause.

____ I understand my stay at Hope Manor is temporary and I agree to participate in the program of Hope Manor.

____ I agree to receive my mail at the PO Box

____ (other): _____

Signature: _____

Date: _____

HM Witness: _____

Date: _____

APPLICATION (please print carefully)

Scan and email back to HopeManorAdmissions@gmail.com

Or mail to PO Box 1301 Bismarck, ND 58502

Name: _____ Phone number: _____

Phone Code: _____

D.O.B: ___/___/___ SSN: ___/___/___

Gender at Birth? Female: ___ Male: ___

Desired Entry Date: _____ Planned Exit Date: _____

Race: _____

How Did You Learn About Hope Manor: _____

Address: _____

State: _____ Zip: _____

Emergency Contact/Relative: _____ Phone Number: _____

Do you currently have family or an acquaintance residing at Hope Manor: Yes ___ No ___

If yes, who and how do you know them:

Have you participated in Hope Manor before?

When: _____ How long did you stay: _____

Do you have a high school diploma: Yes ___ No ___ Year graduated: _____

How long have you been using alcohol and/or drugs? _____

How do you identify yourself?

Alcoholic only: _____ Drug addict only: _____ Alcohol and drug addicted: _____

List ALL the drugs that you have used in the past 3 years:

1. _____ 2. _____

3. _____ 4. _____

What was the last drug used and when: _____

History of seizures: Yes ___ No ___

(This information will be used to determine urinalysis in the future, so be 100% honest)

Sobriety Date (the date of first day 100% without drugs or alcohol): _____

Probation Officer: _____

Phone Number: _____

Attorney: _____

Phone Number: _____

Employment: _____

Phone Number: _____

AA/NA Sponsor: _____

Phone Number: _____

Counselor: _____

Phone Number: _____

Doctor: _____

Phone Number: _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___

Prior Treatment facilities or centers:

Are you currently in treatment? Yes ___ No ___

If so, where: _____ Level of intensity _____

Tentative completion date: _____

Will you be attending treatment while participating in Hope Manor? Yes ___ No ___

If yes, what days/times:

Criminal Record:

Do you have any pending charges? Yes ___ No ___

What are the pending charges you have:

Upcoming Court Dates: _____

Are you under investigation for anything? Yes ___ No ___

If yes, what

Do you have any warrants? Yes ___ No ___

If yes, what for/where _____

Are you currently incarcerated? Yes ___ No ___

If yes, where: _____ Release date: _____

Do you have **any** mental health issues or diagnosis? Yes ___ No ___

If yes, what:

Have you ever been hospitalized for mental health issues? Yes ___ No ___

If yes, what and how was it resolved:

Have you had thoughts of harming yourself within the last 3 months? Yes ___ No ___

If yes, when/how:

Do you have **any** physical health/medical issues or disabilities? Yes ___ No ___

If yes, what:

Do you have **any** special needs or medical restrictions? Yes ___ No ___

If yes, what:

Have you been hospitalized for a medical condition in the last year? Yes ___ No ___

If yes, what:

Are you currently pregnant? Yes ___ No ___

If so, how far along:

Have you been prescribed any medications within 6 months: Yes ___ No ___

List **ALL** medications you are CURRENTLY taking, and last date taken

1. _____ Last taken: _____
2. _____ Last taken: _____
3. _____ Last taken: _____

How are you supported financially? _____

Are you required to register for **any** purpose? Yes ___ No ___

If yes, why: _____

Have you been charged with a sex crime? Yes ___ No ___

If yes, what/when: _____

Are there any Restraining Orders against you or by you? Yes ___ No ___

Who: _____ Relationship: _____

Do you have a valid driver's license? Yes ___ No ___

Do you have a valid picture ID in your possession? Yes ___ No ___

For office use, only:

Date of Exit: ___/___/___

Reason for Exit:

___ Positive for Drugs ___ Positive for alcohol

___ Financial ___ Non-compliance of Rules

___ Walk Away ___ Financial/non-payment

Comments:
