



Footprints
the first step toward your new life

Footprints Recovery Home Standards for Completion

- Footprints Recovery Home is a 6-month commitment; no more, no less.
- Clients must participate as a member of a 12 step program AND Footprints Recovery Home.
- Acquire a sponsor within one week of arrival and actively work the steps.
- Pick a home group within two weeks and become active in that group.
- Acquire a service commitment within one week.
- Attend one meeting per day on workdays and two on your days off.
- Attend “circle” Monday – Friday evenings.
- Attend 11th step nightly with the other house mates and do “I will’s and I am’s”.
- Attend “roundups” with Footprints house.
- Actively be asking for help while in Footprints. Each individual will be required to ask other women in the community for transportation, phone numbers, and any other help they may need. This is part of recovery.
- Attend, and participate in, the mandatory meetings assigned by the house.
- Clients will have off work on Sunday and participate in unity events with the house.
- Complete individually assigned chores every day and participate in “deep clean” once per week.
- No family contact for the first two weeks. This includes Facebook, texting, calling, mail, email or face to face contact.
- No “1 on 1” male contact, including Facebook, phone, notes, etc. until you have been here for three months and have successfully presented your sex ideal and amends list.
- No cell phones or other electronic devices for your first month.
- No Facebook for two months.
- For your first two months you may not use the library or computers unless you are with another house member who has been here for more than two months, this includes filling out job applications.
- Become fully self-supporting:
 - Family may pay the initial \$900 admission but after that no additional financial help from the family will be accepted.

- The resident agrees to pay \$125/week on her own.
- Family may send gift cards and care packages that have been pre-approved by the Program Director
- Residents may not have any debit and/or credit cards, of any kind, upon entering Footprints.
- Residents may not utilize any monetary source (finances) of any type, including established bank accounts, wire transfers, money grams, or accounts owned by themselves and others. This is for the purpose of obtaining full time employment and becoming financially responsible.
- Groceries are not included. You will be given a \$50 dollar food card for the first 8 weeks of your stay at Footprints. Residents will learn to shop and cook on their own.
- Find a job within your first two months and work a minimum of thirty hours per week.
- Residents may not get a job that is paid on a commission only basis.
- ALL PAYMENTS MADE ARE 100% NON-REFUNDABLE, this includes the resident being asked to leave for any reason.
- Until employed, residents will be out of the house from 8:30am-4:30pm, 5 days per week, looking for work, no exceptions.
- Jobs are important, but not as important as your sobriety. The house attends many trips, roundups, and other events which you will be required to attend. This means you need to ask for time off in advance to attend mandatory recovery trips, events, or other program functions, NO EXCEPTIONS!
- Personal Hygiene is mandatory. This includes, but is not limited to, brushing your teeth and hair, showering, and wearing deodorant.
- Appropriate clothing must be worn at all times at the discretion of Footprints staff and peers.
- While you are in the house you may not obtain any new piercings or tattoos.
- No pornography of any kind.
- Absolutely no gambling including scratch offs or placing bets.
- Noise levels will be kept to a reasonable level and compliant with our community standards.
- Curfew is 10pm on weekdays, 11pm on weekends.
- No instruments or music after 10pm.
- No refusal of any requested drug screening.
- Any and all items left for more than 24 hours after discharge become Footprints property.
- Footprints is not responsible for the administration of resident medications. Residents are responsible for monitoring and managing their medications.
- Stealing and borrowing from staff or other residents is strictly prohibited.
- It is prohibited to loiter in the neighborhood.

- Violating any of Footprints house policies, procedures, protocols, acting out with inappropriate behaviors towards our neighbors, unwillingness to participate in chemical dependence treatment, or any other egregious behaviors can also result, upon staff review, in involuntary discharge from Footprints. Our goal is to assist you in learning to live a lifestyle of sobriety. Please allow us to help you by respecting our rules.

By signing below, I understand that breaking any standard will result in expulsion from the program and forfeiture of all fees paid to Footprints.

Resident **Printed** Name: _____

Resident
Signature: _____ Date: _____

Application for Admission

Footprints Recovery Home
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*Footprints Recovery Home
PO Box 2704
Prescott, AZ 86302*

Resident Name (last, first, m.): _____

Phone: _____

Sobriety Date: _____

Date of Application: _____

Date of Birth: _____

Family Information

Address: _____

Mother's Name: _____

Father's Name: _____

All Phone Numbers for family: _____

History:

Please provide a brief history of substance abuse in your own words. When you started, what you used, how much and for how long: _____

What Medications are you taking: _____

Describe any history of mental illness:

Resident Initial _____ Parent Initial _____

Application for Admission

Footprints Recovery Home

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Previous treatment programs attended:

Name of referring program and counselor's name: _____

Insurance Information

Resident Name: _____ SSN: _____ DOB: _____ Age: _____

Resident Address: _____

Insured Name: _____ Relation to patient: _____

Insured Phone: _____ Insured SSN: _____ INS DOB: _____

Employer of Insured: _____

Insurance Company: _____

Insurance Company Phone: _____ (usually found on back of insurance card)

Insurance ID#: _____ Group #: _____

Type of plan: _____

DOC: _____

By signing below I _____ (the insured) agree that the above information is correct and valid to the best of my knowledge and hereby give Footprints Recovery Home permission to provide this information to any providers where the resident is attempting to obtain services or where services have been rendered.

Insured Signature

Date

Resident Initial _____

Parent Initial _____

Application for Admission

Footprints Recovery Home

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Signature Page and Financial Agreement

By signing below I agree that I have read and fully understand all of the above information. I agree that any and all payments made in any fashion by anyone listed on this application or for anyone listed on this application to Footprints Recovery Home. are **100% non-refundable**. I understand that Footprints Recovery Home reserves the right to ask any resident to leave at any time for any reason with or without just cause. I understand that the resident will not be under total supervision and that the resident will never be restricted from leaving the facility. I understand and agree that Footprints Recovery Home and anyone affiliated with them at the time of incident, employed by or not employed by Footprints Recovery Home, is in no way responsible for the actions and/or behaviors of the resident. I understand that Footprints Recovery Home and anyone affiliated with them at the time of incident, employed by or not employed by Footprints Recovery Home, is not responsible for any injury, death, or other harm done to a resident or by a resident. I agree and understand that Footprints Recovery Home is not a treatment center or facility that is licensed by any state to provide therapy or treatment of a resident for any reason, Footprints Recovery Home simply utilizes treatment provided by outside licensed facilities. I understand Footprints Recovery Home methods are not guaranteed or proven and that relapse is a common issue in which Footprints Recovery Home is not to be held responsible. I agree that ANY and ALL personal belongings left on property for more than 24 hours after discharge become property of Footprints Recovery Home under New Freedom House, LLC. and by signing below I agree that they have the right to dispose of the belongings in ANY way they see fit. I also agree that I will not hold Footprints Recovery Home under New Freeom Recovery Home, LLC. legally, morally, financially or any other form of responsible for anything that occurs or happens to a resident or by a resident at any time for any reason.

name of resident

resident signature

Date

name of parent/guardian

parent/guardian signature

Date

name of parent/guardian

parent/guardian signature

Date

Resident Initial _____

Parent Initial _____

MOVE OUT POLICY

I _____, understand that when moving out of the Footprints Recovery program, I am responsible for the following:

1. Removing all personal belongings within 24 hours.
2. I understand that after 24 hours any items left will become the property of Footprints Recovery and will be donated as seen fit by the Footprints Recovery staff.
3. I agree to leave my room and living area clean. This includes leaving clean sheets and bedding on my bed, wiping out my dresser drawers, dusting my furniture and vacuuming my room.
4. I understand that I will be charged accordingly for any missing items provided to me, by Footprints Recovery during my stay.
5. I understand that I am not to take anything that belongs to Footprints Recovery or any other residents at the house.
6. I understand that if I remove any items during my stay at Footprints Recovery, that theft charges can be filed.
7. I understand that when moving out I am responsible for having a staff member present while packing and moving.
8. I understand that I will be charged for any property damaged by myself while a member at Footprints Recovery.
9. I understand that if I decide to leave or am asked to leave Footprints Recovery can hold any belongings (cell phone, laptop, electronics, medications, money) for up to 7 days.

Resident Signature: _____ Date: _____

Refund Policy

- A payment for one month's fee is required upon intake/admission to secure a sober living opening.
- Within the first seventy-two (72) hours of admission, if a client is discharged from Footprints Recovery, the client account will be refunded at the daily per diem rate, not to exceed the agreed upon monthly rate, minus \$300 admission, assessment, and administration fee.
- **Any client discharged after the first 72 hours of admission, will not be entitled to a refund due to administrative costs and undetermined loss of a sober living opening.**
- Refunds apply only to the first month. No partial monthly refunds are dispersed for the months following that of intake.
- Refunds will be processed thirty (30) days after client is discharged.
- Refunds are dispersed in the form of a check to the Guarantor.

Resident **Printed** Name: _____

Resident Signature: _____ Date: _____

Admission Policy

Prospective residents will be admitted into Footprints Recovery Home agreeing to fully comply with:

- Residents will ideally have a minimum of 72 hours of continuous sobriety. Determination of “clean time” necessary to be admitted into the sober living home will be determined by staff based upon the client’s individual history and their reported, observed, or reasonably anticipated symptomatology.
- Residents will be in full understanding of Footprints Recovery’s rules and regulations upon signing intake contract.
- Unless other arrangements have been previously made, the client will provide the full intake fee at the time of intake.
- Prescribed medication must be approved by Footprints Recovery Home staff in order to be admitted.
- At time of intake client verbally commits to Footprints Recovery’s six month commitment.
- Resident’s belongings will be searched to insure safety within the Footprints Recovery community.

Resident **Printed** Name: _____

Resident Signature: _____ Date: _____

Admission Process Checklist for Admission to Footprints Recovery Home.

1. We need to speak to the resident. Footprints wants to offer our residents the opportunity to address any concerns. Recovery is not possible if the resident is not on board with the program, we need to make sure they are comfortable.
2. We need to speak to the parents. The parents are to have a phone call with our Director of Admissions. The Director of Admissions will go over the admin side of our program; he will discuss finances, insurance, basic program information, what to bring, and those types of questions. He will also discuss in detail how the program is designed to work and what is going to be tolerated and not tolerated. He will make very clear our processes and allow the parents to find out first-hand what we do and how we do it. The parents must be clear on our refund policy and disclaimer which can be found on the signature page of the application, please read this thoroughly.
3. We need an application filled out by the parents AND the resident. Our application can be found on our website's Admissions page. This can be printed off and must be signed by both the resident and at a minimum the person who is making payment. If it is not possible for both to sign the same document, two separate completely filled out documents will be accepted.
4. We will need a signed copy of this form and the admissions application faxed to us at 855-379-0075 or emailed to alex@freedomrecoverycenter.com If the resident is not available to sign the admissions form at this time, send in a copy filled out by the parents and we will obtain a copy from the resident upon arrival.
5. Once your admission is verified, a plane ticket will need to be booked to Phoenix Sky Harbor Int'l Airport (code:PHX). We suggest the resident's arrival time to be before 6:00pm. This will allow time for him to take the shuttle and be here in time for his first house meeting.
6. A shuttle ticket must also be booked which will bring the resident from the airport in Phoenix to the shuttle location here in Prescott. Shuttle tickets can be booked through Arizona Shuttle by going to their website at <http://www.arizonashuttle.com> or by calling them directly at 800-888-2749. Shuttle drop off location will be the main terminal in Prescott. Make sure that the plane ticket is booked first; they will need the flight information to book the shuttle. The destination for the shuttle ride is the Montezuma Main Office. Residents also have the option to be picked up at the airport by a staff member of Footprints. The cost for this service will be an additional \$200 dollars upon arrival.
7. After all this is done, send the confirmations to us at alex@freedomrecoverycenter.com so we can make arrangements to pick up the resident on time. Upon admission, payment in full must be made and a completed application must be in hand.

Resident Name: _____ Parent or Payer Name: _____
Resident Sign: _____ Parent or Payer Sign: _____
Resident Date: _____ Parent or Payer Date: _____

Admission Process Checklist for Admission to Footprints Recovery Home.

What to Bring:

- 📦 ONE Suitcase and ONE Backpack Maximum.
- 📦 Cell Phone (will be held by staff for length determined by the program)
- 📦 Toiletries (Soap, shampoo, toothbrush, toothpaste)
- 📦 Clothes for job search (pants, nice shirts, etc.)
- 📦 Clothes for outdoor activities (long and short including a swim suit)
- 📦 Shorts and T-Shirts
- 📦 Pants and Sweatshirts
- 📦 Shoes (recommend 1 pair of each shoes and sandals)
- 📦 ID, Social Security Card, and Birth Certificate (or passport). We do travel and may need these.

What NOT to Bring:

- 📦 Cash (resident will not be able to hold cash until working)
- 📦 Clothes that promote drugs, alcohol, or pornography
- 📦 High value items (iPod's are OK but we are not responsible for theft, loss, or damage of any kind)
- 📦 Drugs or Alcohol
- 📦 Pornography

NOTE: ANY and ALL personal belongings left at Footprints Recovery Home for more than 24 hours after being discharged becomes property of Footprints Recovery Home and by signing below I give Footprints Recovery Home permission to dispose of these items however they see fit. By signing below I also agree that any theft, loss, or damage of ANY kind to ANY personal property is not the responsibility of Footprints Recovery Home and that you will not hold them responsible. Items of value, personal or monetary, should not be sent to our facility as we are not responsible for them.

Baggage Search

- Upon admission, following travel, or periodically at the discretion of the staff, luggage and bags will be checked for items that are not allowed in the facility. These searches are measures to ensure your safety and the safety of the residential community. This also allows for the opening and screening any mail a client may receive.
- Please be aware that because we have only limited storage for personal property, we strongly discourage clients from bringing valuable items and we are not responsible for lost or stolen items.
- Items such as cell phones and computers will be stored in a locked compartment by administrative staff until approval of use or discharge from the program.
- Do not borrow or lend money to other residents. Many conflicts and resentments can be avoided by following this simple guideline.

Resident Name: _____ Parent or Payer Name: _____
Resident Sign: _____ Parent or Payer Sign: _____
Resident Date: _____ Parent or Payer Date: _____

Family/Significant Other Questionnaire

Name of Patient _____ Date _____

PERSON(S) FILLING OUT THIS FORM

Name _____

Relationship to Patient _____

Address _____

Phone (Day) _____ (Eve) _____

PATIENT'S USAGE OF ALCOHOL/DRUGS

How long have you been aware of the patient's problem with alcohol/drugs? _____

To your knowledge, how long has the patient been using alcohol? _____

Describe the pattern (how much/how often): _____

What other drugs is patient currently using? _____

Describe the pattern (how much/how often): _____

Does patient attempt to hide and/or protect the supply or that he/she has been drinking/using?

Yes No

PSYCHOLOGICAL EFFECTS

Check behaviors which apply:

Mood swings

Antisocial behavior

Uncontrolled temper

Suicidal threats

Depression

Suicide attempts

Disappeared 24 hours or more

Verbal or physical abuse

When did one of the above occur? _____

Explain what happened: _____

Is patient taking medication?

Yes No

What? _____

PROHIBITION ON REDISCLOSURE

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS (42 CFR PART 2) PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS OR OTHER INFORMATION IS NOT SUFFICIENT FOR THE PURPOSE."

SOCIAL EFFECTS

How has the patient's use of alcohol/drugs affected:

Marriage _____

Children _____

Parents/Relatives _____

Others _____

Describe the patient's current group of friends: _____

Have these friends changed? Yes No

When? _____ How? _____

Has the patient isolated him/herself? Yes No

Have the patient's interests/hobbies changed? Yes No

How? _____

EMPLOYMENT

Is patient currently working? Yes No

Does patient enjoy his/her work? Yes No

Has patient ever been warned by employer or fired from a job(s) due to alcohol/drug use? Yes No

Is patient frequently absent from work or have other work related problems due to alcohol/drugs? Yes No

Describe: _____

PATIENT'S MOTIVATION

Does patient deny or minimize alcohol/drug use? Yes No

Is patient willing to come to treatment? Yes No

For what reason? _____

Has patient been treated previously for alcohol/drug use? Yes No

When? _____

Where? _____

Has patient ever attended AA, NA, or CA? Yes No

YOUR RELATIONSHIP TO THE PATIENT

Have you ever threatened to leave patient or cut off relationship with patient because of alcohol/drug use? Yes No

What happened? _____

PROHIBITION ON REDISCLOSURE

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Have you ever carried out your threat?

Yes No

What happened? _____

Have you attempted to rescue the patient from the consequences of alcohol/drug use by:

Supplying money? Explain: _____

Providing alibis? Explain: _____

How does the patient feel toward your support of treatment at this time? _____

YOUR INVOLVEMENT IN RECOVERY

Are you aware of the details of the Family Program offered here at FRC?

Yes No

Are you willing to participate in this program?

Yes No

Are you willing to become involved in Alanon/Naranon/Cocanon?

Yes No

Do you use alcohol/drugs?

Yes No

Will you be altering your use?

Yes No

COMMENTS

PROHIBITION ON REDISCLOSURE

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Visitor Policy

Visitors will be allowed to meet with clients only on a case by case basis. Once a resident has been a resident of the house for 2 months or more they may petition staff to have a visitor. The decision regarding whether or not to approve the residents for a visit will be made by the house owner and/or staff. Visitors may not be under the influence of drugs or alcohol at any time while on the sober living house premises. No visitors are allowed on the premises without this approval.

Resident **Printed** Name: _____

Resident Signature: _____ Date: _____

Relapse Policy

Understanding that relapse of active addiction is a constituent part of the disease of addiction, we are aware that relapse of psychoactive substance use is possible even in the treatment setting. Should such an event occur, the sober-living house staff will notify, and meet with, the clinical staff of Freedom Recovery Center (FRC) to ascertain the best, and most appropriate, course of action to take given the individual circumstances of your case. Additionally, your family members, for whom you have previously signed release of information documents, will be contacted to seek their input. In respect of the safety of the other residents at your sober living home you, by signing this document, agree to remain isolated from all other sober-living residents and Freedom Recovery Center clients until, and unless, FRC and sober-living staff agree that it is safe for you to re-integrate into these populations.

Resident Signature _____ Date _____

Footprints Recovery Home

AUTHORIZATION TO OPEN MAIL

I, _____, **do hereby authorize** Footprints Recovery Home (“Facility”) under New Freedom Recovery House, LLC. and its staff to act as my agent and on my behalf to open, read and process all mail and other correspondence addressed to me at Facility’s address pursuant to the rules and policies of Facility.

Resident Signature: _____ Date: _____

AGREEMENT FOR DRUG AND ALCOHOL TESTING

I _____, agree to give random drug and alcohol screens to Footprints Recovery.

I understand and agree to the following:

- 1) I understand that all urine samples must be monitored.
- 2) I understand that all Breathalyzer tests must be done until a reading is registered.
- 3) I understand that 3 diluted tests will be considered dirty. I understand that I can be asked to leave Footprints Recovery for having a diluted test.
- 4) I understand that if a test is dirty, I may be asked to leave Footprints Recovery for 72 hours. During this time Footprints Recovery will evaluate the situation and make a determination if I will be discharged from the program. A clean test must be given upon re-entering Footprints Recovery.
- 5) I understand that all drug screens can become common knowledge of the Footprints Recovery community.

Resident Signature: _____ Date: _____

Medical Care & Medication Policy

If a member becomes physically ill while at Footprints, they must report this to the Program Director immediately. If an urgent medical problem arises, and the person is unable to respond, the member will be taken to a medical care facility and/or 911 will be called. The identified emergency contact, as noted on the Admissions Form, will be notified. Furthermore, I understand that if Footprints is recommending a higher level of care or different type of care, I will follow the recommendation. I understand that the recommended care may mean that I am discharged from Footprints. I also understand that I may be discharged for not following the recommendations from Footprints.

Footprints has the right to hold any medications for up to 7 days after a client has discharged.

The member is responsible for any medical costs for services rendered by an outside medical facility.

Non-essential medical or dental care while a member of Footprints is discouraged.

No medications or prescriptions may be given/taken without permission of Footprints staff.

Medication Storage and Use:

1. Residents may only consume approved, prescribed, or over-the-counter (OTC) medications.
2. Residents must consume their medications only at the frequency, and in the quantity, prescribed by an approved, local physician.
3. Residents must immediately report any side-effects or episodes of misuse/abuse of their medications, as soon as possible, once the resident is aware of the circumstance.
4. Residents are responsible for accurately reporting, to the prescribing physician at the earliest available appointment, the effects & side-effects of the medication, and any concerns or untoward effects related to the medication.
5. Narcan is to be administered only in emergencies & in the manner instructed to you at orientation. Staff must be notified IMMEDIATELY if Narcan is administered to a resident or staff member.
6. Medications deemed potentially abusable or otherwise dangerous will be stored in the house safe. For all other medications, the following applies:
 - a. Residents are responsible for the safe & secure storage of all medications in a personal lockbox.
 - b. Residents may not share their lockbox key and/or combination with any other resident for any reason.
 - c. Residents may store only approved medications in their lockbox.
 - d. Residents must render immediate and complete access to their lockbox when this is requested by staff.
7. Footprints and/or Freedom Recovery Center reserve the right to withhold returning your medications to you, upon discharge, if it is believed that returning the medications could potentially lead to their abuse or be otherwise dangerous. Upon your request, this decision can be re-evaluated seven days following your discharge.

I understand and agree to the above medical care policy. I hereby authorize medical care for myself at a medical care facility when deemed necessary by Footprints staff.

Resident **Printed** Name: _____

Resident Signature: _____ Date: _____

12 STEP MEETING ATTENDANCE CONTRACT

I _____, agree to the following 12 step meeting policy.

I will attend all scheduled 12 step meetings.

I will arrive at every meeting 15 minutes early.

I will use the restroom prior to the start of the meeting.

I will not cross talk, whisper, or disrupt the meeting in any way.

I will not leave the meeting to smoke, use the restroom, visit with friends, or any other reason.

I will not get out of my seat while the speaker is speaking.

I will be of "service" at every meeting, in any way possible.

I will adhere to all these stipulations for meeting attendance. If I violate any of these stipulations, I understand I will be placed on House Restriction for a period of time determined by the Program Director or be discharged from Footprints Recovery.

Resident Signature: _____ Date: _____

OUTINGS RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Footprints Recovery Home Outings.

I, _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Outings at Footprints Recovery Home, under New Freedom House, LLC. including Rock Climbing, Bouldering, Hiking, Boating, and Swimming activities, transportation of equipment related to the activities, and traveling to and from activity sites of which I am about to engage in. **Inherent hazards and risks include but are not limited to:**

1. Risk of injury from the activity and equipment utilized in Rock Climbing, Bouldering, Boating, Swimming and Hiking is significant including the potential for permanent disability and death.
2. Possible equipment failure and/or malfunction of my own or others' equipment.
3. My own negligence and/or the negligence of others, including employees, agents, independent contractors or representatives of Footprints Recovery Home, under New Freedom House, LLC., including but not limited to operator error.
4. Injury to hands, fingers, feet and toes, including but not limited to inflammation and/or strains of muscles, ligaments, and/or tendons, nerve damage or compression, and broken bones.
5. Injuries from falling may occur from not paying close attention to your climbing or others climbing with or near you.
6. Broken bones, severe injuries to the head, neck, and back which may result in severe physical impairment or even death.
7. Discharge of weapons in or near the area of activity.
8. Cold weather and heat related injuries and illness including but not limited to frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
9. Exposure to outdoor elements, including but not limited to rock fall, inclement weather, lightning, high winds, temperature and weather conditions.
10. Attack by or encounter with insects, reptiles, and/or animals.
11. Accidents or illness occurring in inaccessible places where it may be an extended period before reaching definitive care.
12. Fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
13. My sense of balance, physical coordination, and ability to follow instructions may result in injury or death.
14. Jumping from rocks or into water is extremely hazardous and may result in significant injury, paralysis, death, spinal injury, broken bones, and damage to ligaments, and drowning.
15. Swimming or boating may result in my injury from the boat, other boats in the area, or my drowning due to injury, illness, cramping, or lack of sufficient swimming ability.
16. Vehicle accidents during transport to/from Outings, Sober Living, or travelling around town
17. Walking on sidewalks or crossing streets exposes you to risk of being hit by a car, motorcycle, or other vehicle and sustaining injury or death, or tripping and falling over natural or man-made obstacles and getting injured.
18. My lack of experience and judgment in jumping, rock climbing, bouldering, hiking, swimming, or boating.
19. Conducting any of these activities while not supervised by a staff member or representative, or failing to follow directions significantly increases your risk of death or injury.

***I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness or death.**

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in any way in Outings including Rock Climbing, Bouldering, Boating, Swimming, or Hiking related activities, I hereby agree, acknowledge and appreciate that:

1. **I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH,** or loss or damage to person or property, **WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE,** the following named person or entities, herein referred to as releasees:

Footprints Recovery Home, under New Freedom House, LLC.

2. To release the releasees, their officers, directors, employees, representatives, agents, volunteers, and vessels from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

S/ _____
Signature of Adult Participant

Name of Adult Participant (Please Print)

Date

House Maintenance and Good Neighbor Policy

All clients/residents of Footprints Recovery Home are expected to participate in keeping the sober-living house in good repair, free from damage, and cleaning in order to promote the health, safety, and welfare of Footprints Recovery Home residents and those living in the surrounding neighborhood.

Additionally, all residents are compelled to behave in an appropriate manner to be good neighbors to all living in surrounding homes. In keeping with this policy, residents agree to the following as well as any other reasonable requests by staff and as common sense dictates:

- Keep room clean
- Clean common areas and grounds
- Avoid behavior that can damage the house or property
- Participate fully in "deep cleaning"
- Read and comply with the Yavapai county ordinance for neighborhood preservation and property maintenance
- Read and comply with "Chapter 5-4: Unnecessary Noise Prohibited."

House members must be a good neighbor to each other and those of the surrounding community. Borrowing money from one another and stealing are strictly prohibited.

Additionally, it is the expectation of the house that all residents behave in a manner that is respectful of our neighbors especially in regards to the following areas:

- Smoking
- Loitering
- Parking
- Noise
- Lewd or offensive language
- Cleanliness of public space around this property

All complaints or concerns of neighbors can be directed to: Angela Prosser (928) 379-9864
Angie@freedomrecoverycenter.com

It is the policy of Footprints Recovery Home to respond to all our neighbors concerns or complaints.

A violation of this policy, as with all House policies, will be reviewed by staff and could result in discharge from our facility.

Resident **Printed** Name: _____

Resident Signature: _____ Date: _____

House Maintenance and Good Neighbor Policy Complaint Protocol

1. At new resident orientation, all new residents will be instructed regarding the Footprints house policies on greeting and treating all our neighbors with the greatest degree of respect in all circumstances.
2. If a house resident is approached by a neighbor wishing to make a complaint, the resident will be polite and inform the neighbor that they will locate a housing staff member with whom the neighbor may speak directly.
3. The neighbor wishing to register a complaint will be given a grievance form containing the Footprints House Manager's cellphone number and email address. This form will also have an area for the neighbor to write specific information related to their complaint.
4. The sober-living staff member will inform the neighbor that they can register their complaint utilizing the grievance form either in writing directly on the form or at the listed email address, or by calling the House Manager at the cellphone number listed on the grievance form.
5. Upon receiving a grievance, the House Manager will contact Footprints owner, within one business day, to discuss the grievance.
6. Footprints will respond to the aggrieved neighbor within two weeks of submission of their grievance even if a resolution has not yet been achieved or it is not possible to resolve the issue.

House Maintenance and Good Neighbor Policy Complaint Grievance Form

Though it is our aim to always be good neighbors, we realize that there may be situations when a neighbor, acting in good conscience, desires to register a complaint with Footprints. A grievance may be submitted in any of the following three ways:

1. Submit your grievance, in writing, on this form
2. Call the Program Director at the phone number listed below
3. Submit your grievance, in writing, to the Program Director at the email address listed below.

All grievances will be answered.

Please fill in (PRINT) your contact information so that we may respond to your grievance. Thank you.

Your Name: _____ Today's Date _____

Your Street
Address: _____

Your Email Address: _____ Phone #: _____

1. Your
Grievance: _____

2. Program Director Phone Number: Angela Prosser – (928) 379-9864

3. Program Director Email Address: angie@freedomrecoverycenter.com

ORDINANCE NO. _____

AN ORDINANCE OF THE MAYOR AND COUNCIL OF THE CITY OF PRESCOTT YAVAPAI COUNTY, ARIZONA, AMENDING PRESCOTT CITY CODE TITLE 7 (HEALTH AND SANITATION), CHAPTER 7-5 REGARDING PROPERTY MAINTENANCE.

RECITALS:

WHEREAS, the City of Prescott wishes to promote the health, safety, and welfare of the Citizens of Prescott; and

WHEREAS, the City of Prescott has determined that allowing properties to deteriorate into a blighted condition will severely affect the beauty and unique character of Prescott; and

WHEREAS, the City of Prescott can protect neighborhoods by ensuring minimum standards are met by all properties.

ENACTMENTS:

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF PRESCOTT AS FOLLOWS:

SECTION 1. That Title 7 (Health and Sanitation), Chapter 7-5 (Property Maintenance), Section 7-5-3 (Building Exterior) is hereby amended to add paragraph (D) to read:

Graffiti Prohibited: All sidewalks, walls, buildings, fences, signs, and other structures or surfaces shall be kept free from graffiti, posters, handbills or circulars when the graffiti, posters, handbills or circulars are visible from the street or other public or private property.

SECTION 2. That Title 7 (Health and Sanitation), Chapter 7-5 (Property Maintenance), Section 7-5-4 (Exterior Premises) is hereby amended to replace paragraph (A) with the following:

General: All land, whether improved or unimproved, shall be maintained free from any Public Nuisances. Anything which is injurious to health, safety or is indecent, or offensive to the senses, or an obstruction to the free use of property, so as to interfere with the comfortable enjoyment of life or property by an entire community or neighborhood, or by a considerable number of persons, or which unlawfully obstructs the free passage or use, in the customary manner, of any stream, public park, square, street or highway, is a public nuisance, and is no

less a nuisance because the extent of the annoyance or damage inflicted is unequal.

A. Public nuisances include, but are not limited to, any one (1) or more of the following conditions:

1. Animal waste that is not securely protected from insects and the elements, or that is kept or handled in violation of this code or any other ordinance of the City or the county; provided, that nothing in this subsection shall be deemed to prohibit the use of such animal waste on any farm or ranch in such a manner and for such purposes as are compatible with customary methods of good husbandry or cultivation. Nothing in this subsection shall be construed to prohibit or restrict the conduct of agricultural or dairy operations legally in existence.

2. Any putrid, unsound or unwholesome bones, meat, hides, skins or the whole or any part of any dead animal, butcher's trimmings and offal, or any waste vegetable or animal matter in any quantity, garbage, human excreta, sewage or other offensive substances; provided, that nothing contained in this subsection shall prevent the temporary retention of waste in receptacles in the manner approved by the health officer of the county or this code or any other ordinance of the City. Nothing in this subsection shall be construed to prohibit or restrict the conduct of agricultural or dairy operations legally in existence.

3. The erection, continuance or use of any building, room or other place in the City that, by noxious exhalations, including but not limited to smoke, soot, dust, fumes or other gases, offensive odors or other annoyances, is discomforting or offensive or detrimental to the health of individuals or of the public.

4. Allowing fumes and residue from spraying applications to enter the property of another without permission.

5. Burning or disposal of refuse, sawdust or other material in such a manner as to cause or permit ashes, sawdust, soot or cinders to be cast upon the sidewalk, streets, alleys or highways of the City,

or to cause or permit the smoke, ashes, soot or gasses arising from such burning which is discomforting or offensive to a reasonable person of normal sensitivity, or to constitute a potential hazard to public health, safety and welfare; provided, that this subsection shall not apply where the person responsible for the action has properly obtained a permit for such burning.

6. Making, causing or permitting to be made any vibration or artificial illumination of such intensity as to interfere substantially and unnecessarily with the use and enjoyment of public or private property by the public, or as to constitute a hazard or threat to the public health, safety or welfare of the people of the City. Nothing herein shall be construed so as to prohibit or cause removal of any lighting system that has been approved and installed in accordance with the City Code, Prescott Land Development Code or the Arizona Department of Transportation, or which has been approved and installed in accordance with the sign, subdivision or zoning codes of the City of Prescott.

7. Willfully or negligently permitting or causing the escape or flow of water into the public right-of-way in such quantity as to cause flooding, to impede vehicular or pedestrian traffic, to create a hazardous condition for such traffic, or to cause damage to the public streets or alleys of the City through the failure or neglect to operate or maintain properly any water facility or device, including, but not limited to, swimming pools, architectural pools, spas, sprinklers, hoses, pipes, ditches, standpipes, berms, valves and gates.

8. Maintaining any privy, vault, cesspool, septic system, sump, pit or like place or thing which is not securely protected from insects or rodents or which is foul or malodorous or detrimental to the health of the public.

9. The use, on public or private property, of any form of motor vehicle, motorcycle, mini bike, dune buggy, motor scooter or other recreational vehicle or conveyance which produces offensive noise or airborne dust sufficient to cause discomfort or annoyance to a reasonable person of normal sensitivity.

10. Maintenance of premises, including buildings, so out of harmony or conformity with the maintenance standards of adjacent properties as to cause complaints and substantial diminution of the enjoyment, use or property values of such adjacent properties.

11. Any sign, cornice, parapet wall, mechanical screen or fence which has become deteriorated or so unstable that it constitutes a hazard to passers-by.

12. Any material, structure, fabrication or vehicle placed on, in or near any public or private right-of-way, sidewalk, access drive, fire lane or easement which prevents the free and unimpeded use thereof shall be considered a public nuisance.

13. Any material growing along a public or private right-of-way, access drive, fire lane or utility easement, which by reason of its size, manner of growth or location, constitutes an obstruction, impairs visibility or otherwise endangers any person, improvement or structure.

14. Abandoned, boarded-up or partially destroyed buildings and buildings left unreasonably in a state of partial construction without active construction occurring.

15. Buildings or structures exhibiting decay, dry rot, termite, rodent or vermin infestation.

16. Unsecured buildings or structures creating hazardous conditions.

SECTION 3. That Title 7 (Health and Sanitation), Chapter 7-5 (Property Maintenance), Section 7-5-4 (Exterior Premises) is hereby amended to add paragraph (J) to read:

Dumping: Vacant lots or lands, which have been subject to dumping on more than one (1) occasion, shall be secured to prevent future occurrences of dumping. Methods of securing vacant lots or lands may include the following: permanent fencing; ditch and berm; placing four-foot high posts at four-foot intervals; and other equally effective methods. Signs stating "no dumping" shall be erected in accordance with applicable

laws on vacant lots or lands, which have been subject to dumping on more than one (1) occasion.

SECTION 4: That the Mayor and staff are authorized to take any action necessary to enact this Ordinance.

PASSED and ADOPTED by the Mayor and Council of the City of Prescott, Arizona, on this _____ day of _____, 2016.

HARRY B. OBERG
Mayor

ATTEST:

APPROVED AS TO FORM:

DANA R. DeLONG
City Clerk

JON M. PALADINI
City Attorney

FOOTPRINTS DISCHARGE POLICY

Discharge where client has successfully completed treatment:

- Family is notified prior to discharge
- Referrals for on-going chemical dependence treatment given
- Recommendations for continued 12-step, self-help, involvement made
- Referrals made if appropriate for on-going psychiatric and physical healthcare needs
- Arrangements for transportation are made, and transportation assistance is provided to clients leaving the immediate area

Discharge for clients needing a higher level of care; all the above plus:

- Referred to hospital, detox, or other higher level of care as appropriate. Once stabilized, clients may return to their sober living environment if appropriate.

Involuntary Discharge for non-compliant clients; all the above plus:

- Clients are generally given 24 hours to come up with a plan and to pack their belongings prior to discharge
- If administrative discharge is determined at 7pm or later, it is held until the next day
- Referral to other sober living houses if appropriate

Resident **Printed** Name: _____

Resident Signature: _____ Date: _____

Temporary Discharge Policy

If a client appears to be inebriated, intoxicated or in violation of house rules and standards efforts will be made to place the client on a 72 hour discharge from Footprints Recovery Home.

- Footprints Recovery Home will retain the right to temporary discharge a client for any reason.
- Hours of temporary discharge are in effect between 6am-7pm
- If discharge occurs after 7pm client will be given the option, at staff's discretion to stay at one or more of the following: New Freedom House, Footprints, Compass, Pioneer, Square One Recovery, or one of the alumni homes. The client will be allowed to remain at that home, until the following day, to find a safe environment unless under the influence of drugs, alcohol, other mood altering substances, or is combative and/or hostile. If there is no emergency placement available the client will be allowed to reside overnight under the supervision of staff.
- Client will be given a resource list that includes contact information to sponsor, family member or outside resource as deemed appropriate, for the 72 hour discharge.
- Upon intake client will complete an exit safety plan in the event of temporary discharge.

Resident **Printed** Name: _____

Resident Signature: _____ Date: _____

Emergency Contact List

Police

Address: 222 S Marina St, Prescott, AZ 86303

Phone: (928) 777-1900

Fire Dept

Address: 1700 Iron Springs Rd, Prescott, AZ 86305

Phone: (928) 777-1700

Poison Control

1-800-222-1222

Animal Control

Address: 222 S Marina St Prescott, AZ 86303

Phone: (928) 777-1135