

## **Recovering Hands**

### **2016 Program Description & Financial Agreement**

Recovering Hands began a recovery residence program with adult males in May 2015. That first summer began the conversion of the tobacco barns into residential cabins. Together, residents and staff transported sand from a bordering creek on the property to the site of the labyrinth and sided several of the outbuildings. We held an auction, our first official fundraiser, and we opened our doors to the local recovering community for potluck, games and a movie. We attended the BRANA Recovery Campout in Mt Salom, Virginia. Our annual Memorial Day Shindig marked the beginning of our annual celebration of Alumni gathering.

While many aspects of the residency plan are individualized, ALL residents are required to:

- Abstain from drug and alcohol use
- Develop and follow individualized recovery plans
- Develop and follow a weekly activity schedule
- Actively participate in formal and informal recovery-specific activities (including attending *at least 7* meetings, 1 or more face-to-face sponsor sessions weekly, and reaching out for support from sponsor and recovery coach during times of distress). This includes all in-house 12-step meetings.
- Actively participate in weekly relapse prevention group, process group and life skills groups.
- Actively participate in weekly community meetings and morning meditation sessions.
- Actively participate in productive activities.
- Actively participate in fitness and fun in recovery opportunities.
- Follow medication recommendations as prescribed and work with counselors or other staff & doctors to address medication concerns.
- Join with fellow residents to plan, prepare, enjoy and clean-up of all shared meals weekly
- Join with fellow residents to maintain a clean living quarters
- Practice common courtesy, respect & recovery support for fellow residents and staff
- Practice relationship and sexual abstinence
- Arrange for timely payment of monthly residency fees
- Refrain from smoking or vaping inside all Recovering Hands Buildings. Smoking and vaping in designated smoking areas only. Responsibly dispose of all cigarette butts and trash each day.
- Every Recovering Hands Day begins promptly by 7:30 with breakfast and a morning meditation meeting at 8:30
- Mobile phones will be taken for at least the first 7 days of your residency and given back at the discretion of the Recovering Hands staff.
- The use of mobile phones is not allowed during NA and AA meetings, group meetings, faith based meetings or house meetings. Violation of this prohibition will result in confiscation of your phone for an undetermined period of time. They are also not allowed for the 15 minutes before and after NA and AA meetings.
- Refrain from being in your bed, unless you have an excuse, between the hours of 7:30am and 7:30pm.
- Music that seems contrary to maintaining a recovery conducive atmosphere will be discouraged.
- Expect random drug testing. Refusal to submit to testing is an admission of guilt and grounds for immediate eviction with no refund of any kind.
- All food must be stored in the kitchen. Eating outside the kitchen or the eating area is not permitted.
- You have 30 minutes after you have finished a meal to clean up all your dishes.
- Your personal area, such as the area in and around your bed, must be kept clean.

Each resident is required to have a guarantor who commits to Recovering Hands to meet the financial terms and who guarantees payment of fees for 90 days. The resident may act as their own guarantor, but is required to have a secondary guarantor in the event the resident is unable to fulfill the financial commitment. Each resident is expected to participate in 1 weekly individual session, 1 weekly house meeting, 7 morning meditation sessions, daily 12 step program meetings and all activities pertaining to working on and around the property.

## Terms of Recovery Residence Participation

- Each resident agrees to a personalized recovery plan and standards of recovery living that apply to all residents.
- Each resident must allow the other resident(s) to be aware of, and hold him or her accountable for, the terms of their personalized residency plan.
- Each resident agrees to identify a guarantor who will underwrite up to 100% of the recovery residence fees *but also agrees to pay as much of the fees as possible with their own financial resources*.
- 2017 Participation fees include housing in our temporary housing accommodations, utilities, food, recovery coaching, and rides to daily 12 step meetings. The only known daily expenses not included are costs for transportation beyond what Recovering Hands is providing to all residents, medications and other medical expenses, counseling services that are *beyond those included in the Recovering Hands Program fee*, personal toiletries, and cigarettes. Although we allow monthly payment of fees, the 2017 90-day program fee is outlined below. Those who voluntarily or involuntarily withdraw from services before completing 90-days are still responsible for the full fee for those 90-days (\$9000.00).
- **ADDITIONAL FEES:** Breathalyzer testing and urine drug testing fees are included as part of the residency. In some cases, sweat patch drug testing may be chosen in lieu of urine drug testing and will also be included in residency. Some form of abstinence verification will be used for all residents. In some cases, it may be clinically appropriate for the resident to have a private room, and recommendations for private room must come from the referring counselor. An additional fee of \$1000/mo will be charged.
- Although food is included in the monthly rate, those residents who wish to maintain a special diet will be required to be responsible for the added expense of their own individualized special needs.
- Each resident must provide his own personal toiletries, and clothing. Laptops are allowed and cell phones will be allowed on a limited basis after the first week. Internet-live computers and printers are available. There is no Wi-Fi available. There are no telephone landlines or televisions in the living quarters. Residents with a Verizon plan may be able to send and receive texts, but phone service with alternative plans can be extremely limited. Recovering Hands has a Verizon cell phone available for residents use on a limited basis.
- It is understood that there will be no property insurance coverage for the residents or their belongings, and by signing this document, the Recovering Hands resident and guarantor hold harmless and release Recovering Hands from any and all liability.
- This agreement shall apply only to the period of 90 days but may be extended upon mutual agreement.

## Details of Recovering Hands Fees per month

Recovering Hands recommends a 90-day program, but does offer 30, 60, and 90-day programs. Additional fees may be charged as described in the **ADDITIONAL FEE** statement above. The 90-day program fee includes 3-months of shared alcohol and drug-free living, drug testing, life skills and recovery coaching, rides to and from meetings and medication support valued at \$1000/mo during.

**Total Monthly Fee (shared living quarters)**  
**\$3000**

**Recovering Hands Program is a 90-day program, and residents/guarantors are responsible for fees for the total 90 days (\$9000). Any resident who withdraws from the program (either voluntarily or as a result of therapeutic discharge) before completing 90-days of the program forfeits the balance of paid fees. If a resident wishes to**

commit to only 30 or 60 days instead of the recommended 90 days, the costs will be adjusted accordingly.

*In the event a resident withdraws from the program and wishes to return within 45 days of their last day in residence, the balance of paid fees will be applied to future services. Those who elect to return after 45 days will be required to commit to a full 60-day program, and balance transfer requests will be considered on a case-by-case basis.*

### **Payment Options for Recovering Hands**

(Please initial only one)

\_\_\_\_ I agree to pay the initial \_\_\_\_ days in one lump sum by check. I will pay any additional fees, if needed, and/or additional months of stay one month at a time.

\_\_\_\_ I agree to the initial \_\_\_\_ days in one lump sum by check. I will make a second payment for the second \_\_\_\_ days in one lump sum by check or authorized credit/debit card. I will make a third payment for the third \_\_\_\_ days in one lump sum by check or authorized credit/debit card. (REQUIRES CARD AUTHORIZATION FORM)

\_\_\_\_ I agree to pay the initial 30-days in one lump sum by credit/debit card on file and authorize billing to my credit/debit card for subsequent months one month at a time using the card on file. (REQUIRES CARD AUTHORIZATION FORM)  
I understand that, in the event that I withdraw from the program before the end of the 90-days, I am still responsible for any balance remaining, depending on my initial commitment. (REQUIRES CARD AUTHORIZATION FORM).

\_\_\_\_ Other - I agree to pay the initial 30-day fee of \$3000.00 by cash or check upon arrival. The arrangements for additional fees for additional months of stay shall be negotiated based on progress with goals set during the first and subsequent months.

### **Primary Guarantor**

My signature below certifies that I have read, understand and agree to these financial terms and agree to serve as the primary guarantor for Recovering Hands fees of \$ \_\_\_\_\_ for the \_\_\_\_ day Program beginning \_\_\_\_\_. I agree to pay or arrange for payment of the stated fee. I agree to utilize my personal saving and/or earned income to pay as much of the stated fee as possible—or reimburse the secondary guarantor for pre-paid fees, in agreement with the RH staff. I understand that, unless I pay the full \$9000 in advance, I must identify a secondary guarantor who has agreed to underwrite my fees if needed.

Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Secondary Guarantor**

My signature below certifies that I have read, understand and agree to these financial terms and agree to serve as the secondary guarantor for \_\_\_\_\_ for the period of \_\_\_\_\_ through \_\_\_\_\_ and agree to pay the above fees as specified above. I understand that, in the event that the RH resident I represent has personal saving and/or earned income, he will pay as much of the stated fees as possible in agreement with the RH staff.

Guarantor Signature: \_\_\_\_\_  
Date: \_\_\_\_\_