

# AWARENESS NOTICE

I, the under signed, understand that my failure to follow and comply with the rules has resulted in receiving this Awareness Notice and that further violations may result in consequences and my exit from the program. I understand that as a resident, I am considered to be in treatment and that all rules apply both on and off the property. (CIRCLE AND/ OR NOTE VIOLATION)

- 1. Client will not use or possess any drugs or alcohol in the buildings, on or off the property.
- 1. Client will not leave the grounds without first gaining permission from primary counselor or supervisor.
- 1. Client will not engage in any violence or make any threats of violence.
- 1. Client will not engage in any form of sexual harassment.
- 1. Client will not engage in any verbal, physical, emotional, or sexual abuse.
- 1. Client will not engage in any sexual activities in the buildings or on the property.
- 1. Client will not steal/take any property.

I UNDERSTAND THAT VIOLATION OF THE ABOVE RULES WILL RESULT IN MY EXIT FROM TREATMENT WITHIN 24 HOURS AND FORFEITURE OF ALL FEES/MONEYS PAID.

1. Client will maintain an attitude of cooperation with all staff, representatives and persons associated with the agency and clients at all times.

1. Client will present to staff at intake and his return from doctor or dentist appointments all prescriptions and over-the-counter medications.

1. Client will not have in his possession any weapons, including pocket knives.

1. Client will not have in his possession while in residence cell phone, pager or any type of internet accessible devices I Pod, I Pad, I Book, Lap top, or any new technology that is internet capable.

1. Client will follow all fire and safety rules and regulations and smoking policies.

1. Client will attend all groups and meetings on time.

1. Client will not participate in gossip.

1. Client will follow all rules covering visitor, phone use, and appointments.

1. Client understands that his personal property is subject to search and seizure of any inappropriate items.

1. NO HORSE PLAY, of any kind will be tolerated.

1. Client will not associate with unsafe people or go to any unsafe places such as, Bars, Casinos' or Connections while in residence.

1. Client understands that to have a vehicle on the property the resident must have a current and valid driver's License and the vehicle must be in the residents name with proof of current up to date registration and insurance.

1. Client understands that he is only to be in his assigned room.

1. Client understands that fraternization between clients is prohibited.

1. Client understands that health and safety codes will be followed; shirts and shoes will be worn at all times.

Violations not listed above:

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I understand that violations/breaking the rules and guidelines will result in consequences and that multiple violations will result in termination from treatment.

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CLIENT SIGNATURE DATE

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WITNESS SIGNATURE DATE

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STAFF SIGNATURE DATE