



HICKORY
HOUSE

New Resident Intake Form

Name: _____

Date of Birth: _____

Phone Number: _____

Social Security Number: _____

Insurance (if any): _____

Group Number: _____

ID Number: _____

Treatment Facility Attended: _____

Completed Treatment? Yes or No

IOP Program: _____

Sobriety Date: _____

Medications/Prescription and Dosage Information:

1. _____

2. _____

3. _____

4. _____

5. _____

Prescribing Doctor's Name and Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Employer: _____ Phone Number: _____

For Official Use Only

Move In Date: _____

Deposit: _____

Drug Test: _____

Notes: _____



Accident Waiver and Release of Liability Form **(901 SE Bayfront Ave. Port St. Lucie, Florida 34983)**

This accident waiver and release of liability form is regarding and applies to my residence at “Hickory House” a sober living residence for men only; located at 901 SE Bayfront Ave. Port St. Lucie, Florida 34983. I hereby declare that I am voluntarily choosing to reside at the above referenced sober living residence and that I took occupancy of the premise on (date) _____. To the best of my knowledge, I am in good physical condition with the exception of _____.

I voluntarily assume full responsibility for any risks for loss, property damage, or personal injury, including death that may be sustained by me or loss or damage to property owned, by me, as a result of residing at “Hickory House”, TNT Housing, LLC .

I hereby release, waive discharge, and covenant not to sue TNT Housing, LLC, the homeowners Joyzee LLC and/or the homeowner’s property insurance carrier (hereafter “Releases”) from any and all liability, claims, demands action and causes of actions whatsoever arising of or related to any loss, damage or injury, including death that may be sustained by me, or to any property belonging to TNT Housing LLC, & Joyzee LLC, while residing or while on or upon the premises of 901 SE Bayfront Ave. Port St. Lucie, Florida 34983.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns any personal represented, if I am deceased, and shall be deemed as a release, waiver, discharge, and convention not to sue the above named releases. I hereby further agree that this waiver of liability and hold harmless agreement and shall be constructed in accordance with the laws of the State of Florida.

In signing this release, I acknowledge and represent that I have read the forgoing waiver of liability and hold harmless agreement, understand it and sign it voluntarily as my own free act and deed; no oral representative, statements or inducements, apart from the foregoing written agreements have been made and I execute this release for full, adequate and complete consideration full intending to be bound by same. This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Resident Signature: _____

Print Full Name: _____

Date: _____



Terms and Conditions

1. "Hickory House" is a sober living facility located at 901 SE Bayfront Ave. Port St. Lucie, Florida 34983. No alcohol and/or drug use will be tolerated. No guests are allowed on the premises without permission from the house manager and/or owner. Should it be discovered that a resident has used, or is using alcohol and/or drug, or any other substance; the individual will be asked to leave the premises immediately with the option to return to a licensed treatment facility.
2. All residents are expected to work a program of recovery. Each resident must obtain a sponsor, and attend 7 meetings of Alcoholics Anonymous and/or Narcotics Anonymous, and work the 12 steps in a program of recovery.
3. The rent required residing at 901 SE Bayfront Ave. Port St. Lucie, Florida 34983 is \$600 per month. In addition to a nonrefundable \$150 security deposit upon occupation of the premises. It is the residence's responsibility to produce his rent to the house manager and/or each time rent is due. **NO EXCEPTIONS!**
4. All residents are required to attend and participate in the weekly house meeting (Sunday at 9:30pm) during which time the residents will share progress on their recovery programs, step-work, employment search, resume building, any house issues/concerns that arise, or any topic of concern.
5. All residents are required to obtain employment within (30) days of moving into the house. If a resident is actively registered for, and participating in an intensive outpatient program (IOP), he is expected to actively search for employment while participating in IOP to begin working upon completion of IOP and/or obtain part-time employment when enrolled in IOP.
6. Daily and weekly chores will be assigned to all residents at the house. All residents are expected to cooperate and participate in the daily and weekly chores in order to maintain a clean and healthy living environment for all residents.
7. All residents must sleep in his assigned bed. **NO SLEEPING ON THE COUCHES!**
8. Curfew will be strictly enforced. Curfew is 11:00PM Monday thru Thursday. Friday and Saturday 12:00AM. Sunday 10:00PM for group house inspection. Each resident is expected to abide by the curfew regulations at all times unless he has been given specific permission by the house manager and/or house owner to deviate from said curfew times for a specific reason/occasion. Should a resident arrive home after curfew, minimally, he will expect to pay for and provide a urine sample for drug and alcohol testing as well as consequences discussed with the individual.



9. All residents must be out of the residency from 9:00AM to 3:00PM, Monday thru Friday unless employed or special permission is obtained from house manager and/or house owner. NO EXCEPTIONS! Residents must abide to these times even if employment start date is projected.
10. Random drug test/breathalyzer will be administered as the house manager and/or house owner sees fit. All residents are expected to cooperate in all testing procedures. If a resident's test reveals positive for the use of drugs or alcohol, the resident will be asked to leave immediately. NO REFUND will be provided for any rent and/or deposits previously paid at the time the resident is asked to leave. If the resident refuses a drug test/breathalyzer it will be considered as a positive test. The resident has one hour from the time of being asked to take a drug test/breathalyzer to complete the test. If it is not completed within the hour it will be considered a positive test.
11. All residents are expected to treat one another with mutual respect and kindness. Employment and sleeping hours vary with all residents and should be considered with noise levels. Headphones are to be used while listening to music on an audio device at all times to respect others schedules: recovery, praying, studying, writing, reading, sleeping, etc. There is more than one person at this residency, have respect!
12. All residents will be expected to keep their personal living space clean as well as organized.
13. All residents are expected to smoke cigarettes outside (including electronic vape). There is no smoking inside the residence.
14. Upon arrival, all residents must place clothing into the dryer on premise; this is to eliminate any possibility of bed bug issues.
15. All residents must be mindful of the electricity bill. Turning off the lights and electrical equipment in rooms not occupied or any other areas of the house not currently occupied. If you leave a room, turn the light off! Always check for lights to be off and other electrical devices upon leaving the residence. The garage door must be shut unless removing storage within it. Regardless of who was irresponsible, if you see a light on, turn it off if the garage door is open, close it.
16. The residency does not provide any transportation services to the residents of the house.
17. No persons, other than the residents of "Hickory House" are permitted to remain on the premise for an extended period for any reason unless said individual is a resident's family member or sponsor, having provided prior notice to the house manager and/or house owner.
18. No food or drinks are permitted in the bedrooms of the house.



HICKORY
HOUSE

19. If a resident of “Hickory House” breaks any rules and/or disregards any rules there will be consequences. A consequence of breaking a rule and/or disregarding a rule may be that you will be asked to leave the premise.

In signing this document, I acknowledge that I have read the forgoing rules, regulations, rental agreement, understand it and sign it voluntarily as my own free act and deed. No oral representations, statements or inducements, apart from the foregoing written agreements have been made and I execute this document for full adequate and complete consideration full intending to be bound by the same.

Resident Name: _____

Resident Signature: _____

Date: _____