



Living by Design Collective, LLC

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Introduction & Orientation Process

We want to make sure all residents feel safe in our home. That means that all potential incoming community members will comply with the following:

- Fully complete an application.
- Interview with Living by Design Collective, LLC to find out your story and how we can provide the best support for their recovery. We seek residents that are serious about recovery and participating in a community of peers working towards the same goal of sobriety.
- Upon approval and before accessing licensed space, new community members will complete the licensee agreement and all intake documents with 100% completion, and complete payment of all fee obligations.

Orientation Process

To ensure all community members are supported and start off on a positive note, new licensee's will:

- Complete a clean UA test before bed assignment.
- Review all rules & policies of the house and sign the license agreement and house rules forms with house manager or Living by Design Collective, LLC Director.
- A tour of the home and meet the community members present at the time of intake.
- Assignment of a house buddy, a non-authoritative peer, to assist the new community member with adjusting to their new surroundings.
- Assignment of a bed, refrigerator space, laundry time slot and house chores.

Living by Design Collective, LLC
Licensee Agreement & In-Take Details

_____ I understand that **THIS AGREEMENT IS NOT A LEASE.**

_____ I understand that Living by Design Collective, LLC provides and pays for utilities, furnishings, cleaning services and controls all keys to the premises and individual rooms.

_____ I understand that if I violate any rules of the licensee agreement, **I may be considered a criminal trespasser and subject to arrest under State Penal Code, " Trespassing".**

_____ I understand that sober living homes have broad authority to lien all property contained within the licensee's room.

_____ I understand that any personal property left after termination of the license by the signer of this agreement or Living by Design Collective, LLC will be disposed of after 24-hours of license termination.

_____ I have read and understand the house rules provided to me. (see addendum VIII)

_____ I understand that Living by Design Collective, LLC **is NOT an assisted living facility or a nursing home and that Living by Design Collective, LLC & Living by Design Collective, LLC house manager and Living by Design Collective, LLC staff or Living by Design Collective, LLC independent contractors do NOT provide assistance with activities of daily living, medicine management, bathing, brushing, shaving, cutting food, toileting, transportation, supervision outside of the residence, incontinence care, dressing, movement or other daily activities.** Outsourced 3rd parties may visit property and provide these services to the "licensee" if the "licensee" has a relationship with this outsourced 3rd party, however under no circumstances does Living by Design Collective, LLC provide these services directly.

_____ I understand that any damages (other than normal wear) will be my financial responsibility.

_____ I understand that sober living home operator will have a lien for unpaid fees against all of Licensee's nonexempt personal property that is in the Property and may seize such nonexempt

property if Licensee fails to pay. Property Code governs the rights and obligations of the parties regarding Living by Design Collective, LLC lien. Living by Design Collective, LLC may collect a charge for packing, removing, or storing property seized in addition to any other amounts Living by Design Collective, LLC is entitled to receive. Living by Design Collective, LLC may sell or dispose of any seized property in accordance with the provisions of the Property Code.

_____ Any person who is a prevailing party in any legal proceeding brought under or related to the transaction described in this license agreement **is entitled to recover a maximum of \$500 attorney's fees** from the non-prevailing party.

I. FEES

_____ The licensee, licensee's representative and/or licensee's legal representative agree that the Licensee (or other specified party) will pay the basic rate as of the date of this agreement, which is \$_____ for 29 days or \$_____ Per day, and a non-refundable access fee equal of \$765.

_____ Payment is due the 1st - 4th of a calendar month depending on the date that the licensee receives their income.

_____ License agreement starts on _____, _____. Licensee may begin accessing this space on this day.

II. PEST CONTROL AND INFESTATION

Bed bug addendum AND other infestation:

- A. This addendum addresses situations related to bed bugs and other infestations (roaches, gnats etc.) which may be discovered infesting the dwelling or personal property in the dwelling. You (licensee) understand that we relied on your representations to us in this addendum.

B. INSPECTION. You agree that you:

Have inspected the dwelling prior to entering the space and that you did not observe any evidence of bed bugs, roaches or other infestation.

C. INFESTATIONS. Prior to entering the space, Licensee is certifying that they have examined the property for bed bugs, rodents and other bug infestations and did not observe any evidence of bed bugs or bed bug infestation or any other infestations including roaches, gnats etc. Therefore, in signing this addendum, Licensee certifies that if bed bugs or other bug infestations are later found in this unit, they will be deemed to have been introduced by the Licensee or one of the Licensee's guests and that the **LICENSEE WILL BE RESPONSIBLE FOR THE PEST TREATMENT**, including all reasonable costs of cleaning and pest control treatments. If we must relocate other licensees in order to treat adjoining or neighboring spaces near your space, you will be liable for payment of any lost income and other expenses incurred by us to relocate the licensees. If you fail to pay Living by Design Collective, LLC for any costs you are liable for, you will be in default, and we will have the right to terminate your right of licensee and access, and exercise all rights and remedies under the license agreement contract. You will be held directly liable and will deal directly with city officials including but not limited to section 8 inspectors, code compliance inspectors, police and probation officers and any other party that deems the unit unclean and infested and will hold Living by Design Collective, LLC /property manager harmless for bed bug, roach or other pest infestations.

D. COOPERATION. If we confirm the presence or infestation of bed bugs or other bugs or rodents, you must cooperate and coordinate with us and our pest control agents AT YOUR EXPENSE. You must follow all directions from us or our agents to clean and treat the dwelling that is infested. You must remove or destroy personal property that cannot be treated or cleaned as close as possible to the time the dwelling is treated. We have the right to require you to temporarily vacate the dwelling and remove all furniture, clothing and personal belongings in order for us to perform pest control AT YOUR EXPENSE. If you fail to cooperate with us, you will be in default and we will have the right to terminate your right of licensee and access, and exercise all rights and remedies under this license contract. **YOU ALSO AGREE TO ALLOW US TO EXTERMINATE THESE PESTS IMMEDIATELY UPON DETERMINATION THAT INFESTATION HAS OCURRED AND THAT YOU WILL REIMBURSE** Living by Design Collective, LLC **FOR THIS EXTERMINATION.**

----- (Initial on line to left to certify the above paragraphs regarding pest control and infestation)

III. RESPONSIBILITIES OF LICENSEE, LICENSEE’S REPRESENTATIVE AND/OR LEGAL REPRESENTATIVE

A. You, your representative and/or legal representative, to the extent specified in this agreement, are responsible for the following:

- 1. Payment of the licensee’s fees
- 2. Supply of personal clothing, activities of daily living, medicine, medicine management and other normal day-to-day items and tasks including but not limited to doctor visits, transportation, case management and social worker appointment meetings and scheduling’s.

----- (Initial on line to left to certify the above paragraphs regarding licensee and any related representative(s) or guarantor)

IV. PROPERTY MAINTENANCE

A. Licensee’s General Responsibilities: Licensee, at Licensee’s expense, must:

- (1) Keep the Property clean and sanitary;
- (2) Promptly dispose of all garbage in appropriate receptacles;
- (3) Take action to promptly eliminate any dangerous condition on the Property and/or room;
- (4) Certify that they will perform all activities of daily living without the help or assistance of any Living by Design Collective, LLC representative such as showering, taking medications, shaving, cutting and preparing food, toileting, transportation, dressing and any other activity performed on a daily basis.
- (5) Certify that they have inspected their room and that the room is clean and well-maintained.
- (6) Maintain tour-ready cleanliness in the home from the hours of 10am CST to 6pm CST daily

----- (Initial on line to left to certify the above paragraphs regarding property maintenance)

V. INDEMNIFICATION

_____ I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire.

_____ Each party hereby agrees to indemnify the other and the other's employees, officers, directors, agents, family members and other related parties against all damages for bodily injury, including death, or damage to real or tangible personal property to the extent proximately caused in the course of performing this Agreement

_____ It is my intention and I understand that I am binding myself, my heirs, agents, relatives, executors, administrators, assigns and successors in interest, and understanding this, so hereby expressly release and discharge Living by Design Collective, LLC, its agents, owners, independent contractors, directors, executives, successors, administrators, assigns, affiliates and agents from any claims against Living by Design Collective, LLC created or arising out of, or in any way whatsoever related to the service or housing space provided. I hereby waive any claim for damages to persons or property, which may occur as the result of the use of the said premises. This waiver includes any negligent acts or omissions caused directly or in-directly by Living by Design Collective, LLC's cooperative living or the owners of said Property, including its officers, directors, or employees and understand that my claims, which may in the future arise out of personal injuries, accident, death, hurricanes, tornadoes, rain, fire or other acts of God to the residence, myself or damage to my property of any kind, are hereby waived.

_____ I, and any and all family, relatives, attorneys, assignees and any others acting on my behalf hereby further agree to indemnify and hold harmless Living by Design Collective, LLC cooperative living, its owners, representatives, agents or Owners of said Property, including its officers, directors, or employees, from any claims or damages, which may occur to the undersigned licensee or to any child, invitee, or guest of the undersigned.

_____ It is understood and agreed that this agreement includes, but is not limited to, injuries occurring due to: slipping and falling on any surfaces wet or dry, transportation to and from the premises or any other location, fires, sprained or broken limbs, cuts, abrasions, eye injuries, bacterial infections, death, fights, drowning, riots, stabbings, tornados, hurricanes, floods, hail

storms, acts of terrorism and any other acts of God, accidents or injuries on the property or off the property.

_____ Licensee assumes all risk of harm resulting from the use of any pools, trampolines, or recreational facilities on Living by Design Collective, LLC property and waives all claims against the Living by Design Collective, LLC arising from or relating to the use of said facilities or the participation in such activities and engagements by Licensee and his or her guests, even if caused by the Living by Design Collective, LLC's negligence or gross negligence. The use of said facilities shall be at the sole risk of Licensee and his or her guests."

_____ Each party agrees to indemnify and hold harmless the other party and its employees, members, land-lord, successors, attorneys, family members, agents and assigns, from any claims, liabilities, losses, damages, and expenses asserted against the other party and arising out of the indemnifying party's negligence, willful misconduct, and negligent performance of, or failure to perform, any of its duties or obligations under this Agreement. The provisions of this indemnification are solely for the benefit of the parties hereto and not intended to create or grant any rights, contractual or otherwise, to another person or entity.

_____ Licensee will indemnify and hold harmless Living by Design Collective, LLC, its agents, owners, directors and officers against all liability, including liability arising from death or injury to person or property during the term of this agreement, and any renewal or extension thereof, caused by any act or omission of the licensee, or the family, guests, agents or employees of the licensee. b) Licensee will indemnify and save Living by Design Collective, LLC harmless from all liability, damage or expense incurred by Living by Design Collective, LLC as a result of death or injury to persons or damage to property (including the Premises) where this license agreement required the licensee to procure insurance for said liability, damage or expense and licensee failed to do so.

_____ Living by Design Collective, LLC, its agents, owners, directors and officers shall not be liable for any damage or loss to person or property caused by other licensees or other persons, or caused by theft, vandalism, fire, water, smoke, explosions or other causes unless the same arises solely from the omission, fault, negligence or other misconduct of Living by Design Collective, LLC. Failure or delay in enforcing license covenants of other licensees shall not be deemed to be negligence, omission, fault or other misconduct.

_____ Licensee acknowledges that security cameras are used at our facilities to ensure the security of the premises from theft, unauthorized access, or damage to the property. All security cameras record both video and audio, and are strategically positioned so as to not interfere with the peaceful possession of our licensees or their privacy. Licensee accepts the monitoring of interior living spaces and exterior spaces by security camera, and agrees not to tamper with the security cameras.

VI. RULES

_____ I am aware that I may be fined and or discharged from the property for violation of house rules/destruction of property.

_____ I am required to notify House Manager/Leader and/or staff of Living by Design Collective, LLC a minimum of thirty days prior to vacating the premises.

_____ My payment (in full) is due by no later than the fifth day of a calendar month via a third-party representative payee or autopay.

_____ I understand that upon leaving a Living by Design Collective, LLC location by my will or as a result from rule infractions I will not be eligible for a refund.

_____ I understand **that this agreement is not a lease.** There are no refunds under any circumstances. Any damages caused by licensee will be the financial responsibility of the licensee/responsible party/guarantor. Management of Living by Design Collective, LLC may terminate this licensee agreement at any time. Violation of house rules may result in fines or my dismissal from the property. Threats or acts of physical violence against other licensees or management will result in immediate termination of this license and may result in filing of criminal charges.

_____ I understand that “vacating” the premises is defined as ALL of my belongings and myself leaving the property.

_____ I understand that some of the food used is sourced from the community. Licensees are expected to participate in these resources.

_____ Living by Design Collective, LLC reserves the right to relocate licensees to our other cooperatives at our discretion. Any costs associated with change of address or inconveniences caused by relocation are the sole responsibility of the licensee.

_____ Management / Staff of Living by Design Collective, LLC may ask me to provide a urine sample when:

- Erratic or other behavior typical of a person under the influence of alcohol or illegal drugs is observed
- Drug / Alcohol paraphernalia is found on my or in my possession
- Randomly

_____ Under no circumstances are drugs, alcohol or other “non-prescribed” medication allowed in the property. I understand that if I have been found to be using or in possession of any of the above items, I will immediately be in violation of this agreement and will be asked to vacate the unit immediately.

(SIGN ON NEXT PAGE)

VII. AGREEMENT AUTHORIZATION

We, the undersigned, have read this Licensee Agreement and agree to abide by the terms and conditions.

Dated _____

(Signature of Licensee)

Dated _____

(Signature of Licensee’s Representative or N/A)

Dated _____

(Signature of Licensee’s Legal Representative or N/A)

Dated _____

(Signature of Living by Design Collective, LLC

Representative)

PERSONAL GUARANTEE OF PAYMENT

_____ Personally guarantees payment of charges for the licensee’s fees

Dated _____

(Signature of Guarantor)

RESPONSIBLE PARTY

***** IMPORTANT: If someone else will be responsible for paying your engagement fees (parents, a church, etc.) they MUST sign below in order for you to complete intake. If you are not personally, fully capable of paying your fees and supporting your other expenses while at Living by Design Collective, LLC (food, transportation, etc), then you must have a responsible party sign below or we will have to refer you to another engagement that is a better fit for you.*****

_____ (Responsible Party's Name) is the responsible party for the

payment of engagement fees for _____ (Licensee's Name).

I understand the amount due and the date that it is due, and accept responsibility for the payment of their engagement fees while they are in the Living by Design Collective, LLC of Dallas, Texas. In the event their license agreements is terminated for any reason with a balance due, I, the Responsible party named will pay the balance within 48 hours. I also understand that all fees are non-refundable.

Date: _____

Signature of Responsible Party

Living by Design Collective, LLC

CLIENT CONFIDENTIALITY AGREEMENT

The confidentiality of recovering persons living in a Supportive Living Environment is protected under **Federal Law 42 CFR**, which protects them from anyone outside of the engagement having knowledge of their participation in the engagement without the client’s specific permission. No information regarding a client of Living by Design Collective, LLC will be released to anyone outside of the engagement unless:

1. The client has signed a consent form to that person/agency;
2. A court order is issued to Living by Design Collective, LLC regarding information on the client;
3. Medical personnel require the information in a medical emergency, or;
4. The client threatens to harm him/herself or someone else.

Federal Law does not protect a client if they commit a crime against anyone at Living by Design Collective, LLC. Also, Federal Law does not restrict sharing information regarding reported child abuse/neglect to appropriate State and local authorities.

I agree to inform staff if any of my peers reveal any information about themselves or another client that may be a cause for concern.

Licensee’s printed name: _____

Licensee’s signature: _____ Date: _____

Living by Design Collective, LLC

AUTHORIZATION FOR RELEASE COMMUNICATE

IF YOU WANT US TO SEND YOUR ATTORNEY OR P.O. ANYTHING, YOU MUST FILL THEIR INFORMATION OUT COMPLETELY! ALSO, IT MUST BE CURRENT, WE WILL NOT ACCEPT ANY VERBAL OR EMAILED UPDATES. ALSO, MUST PUT EMERGENCY CONTACT BELOW.

NAME OF LICENSEE _____

I hereby request and authorize **Living by Design Collective, LLC**, and its representatives to disclose information to, and discuss my participation in **Living by Design Collective, LLC** with the following people:

Name: _____

Phone: __

Relationship: _____

Email:

Name: _____

Phone: __

Relationship: _____

Email:

Name: _____

Phone: __

Relationship: _____

Email:

Name: _____

Phone: __

Relationship: _____

Email:

By signing below, I understand that in the event of an emergency or a relapse (which is a life-threatening emergency, I give Living by Design Collective, LLCs permission to notify ANYONE associated with me, whose contact information they can obtain.

Signature of Licensee

Date

Witness Signature

Living by Design Collective, LLC
PRESCRIBED MEDICATIONS RECORD

List ALL medications that you are taking. If your medication or dosage changes in ANY way, please notify Staff and they will update this list immediately. Failed drug screens due to missing or false information on this page are grounds for immediate discharge.

NAME: _____ Date _____

Date	Medication	Doctor	Dosage	DC (date you discontinue the med)

Licensee's printed name: _____

Licensee's signature: _____

Date: _____

Living by Design Collective, LLC

URINE ALCOHOL TESTING AND INCIDENTAL ALCOHOL EXPOSURE CONTRACT

Recent advances in the science of alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. In addition, these tests are capable of detecting alcohol ingestion for significantly longer periods of time after a drinking episode. Because these tests are sensitive, in rare circumstances, exposure to non-beverage alcohol sources can result in detectable levels of alcohol..

It is **YOUR** responsibility to limit your exposure to the products and substances detailed below that contain ethyl alcohol. It is **YOUR** responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products BEFORE you use them. Use of the products detailed below in violation of this contract will NOT be allowed as an excuse for a positive test result. ***When in doubt, don't use, consume or apply.***

Cough syrups and other liquid medications: Living by Design Collective, LLC prohibits the use of alcohol or Dextromethorphan (SDM) containing cough/cold syrups, such as Nyquil®. Other cough syrup brands and numerous other liquid medications, rely upon ethyl alcohol as a solvent). All prescription and over-the-counter medications should be reviewed with your house manager before use. Information on the composition of prescription medications should be available upon request from your pharmacist. Non-alcohol containing cough and cold remedies are readily available at most pharmacies and major retail stores.

Non-Alcoholic Beer and Wine: Although legally considered non-alcoholic, NA beers (e.g. O'Douls®, Sharps®) do contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed.

Food and Other Ingestible Products: There are numerous other consumable products that contain ethyl alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts (such as Ginko Biloba), could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided. Read carefully the labels on any liquid herbal or homeopathic remedy and do not ingest without approval from your house manager.

Mouthwash and Breath Strips: Most mouthwashes (Listermint®, Cepacol®, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol can produce a positive test result. Use of ethyl alcohol-containing mouthwashes and breath strips by Living by Design Collective, LLC participants is not permitted. Non-alcohol mouthwashes are readily available and are an acceptable alternative. If you have questions about a particular product, bring it in to discuss with your house manager.

Hand sanitizers: Hand sanitizers (e.g. Purell®, Germex®, etc.) and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary or repeated use of these products could result in a positive urine test. Hand washing with soap and water are just as effective for killing germs.

Hygiene Products: Aftershave and colognes, hair sprays and mousse, astringents, insecticides (bug sprays such as Off®) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol (or its breakdown products) excessive, unnecessary or repeated use of these products could affect test results. Participants must use such products sparingly to avoid reaching detection levels.

URINE ALCOHOL TESTING AND INCIDENTAL ALCOHOL EXPOSURE

CONTRACT (Continued)

Remember! When in doubt, don't use, consume, or apply.

I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES. I understand the terms of this contract and the reason I am being asked to sign it. I agree to abide by this contract. In the event I breach this contract, I will be choosing to terminate my license agreement, forfeit any fees paid, and accept any legal consequences.

Signature of Licensee

Date

Signature of Staff

Date

Living by Design Collective, LLC

ADMISSION NOTE

Licensee's Name: _____ Date: _____

SUBSTANCE ABUSE HISTORY: Please briefly describe your history of drug & alcohol abuse, dating back to your first use. Be sure to list any other engagements/treatments you may have had, and also describe the crisis that got you to Living by Design Collective, LLC.

ISSUES TO SHARE: Please describe any issues you feel you need to share while engaging with Living by Design Collective, LLC.

Living by Design Collective, LLC

Driving Contract & Vehicle Information

****You must completely fill this out in order to bring a vehicle to Living by Design Collective, LLC.**

All information must be valid**

Your Name: _____

*Driver's License # _____ State: __

Make of Vehicle_ _ Model: _____ =

Color: _____ License Plate# _____

*Is your insurance current? _____

Insurance company _____

Policy# _____

*******You must turn in a copy of the front and back of both your Driver's License & Insurance Card with this form.*******

I understand that having a vehicle at Living by Design Collective, LLC is a privilege, and I will adhere to the following conditions in order to maintain my ability to have a vehicle.

1. I will drive safely and obey all traffic laws, as I am responsible for the safety of all the passengers in my vehicle.
 2. I will "use my words" and make sure to ask anyone I give a ride to, to contribute to my gas expenses.
 3. I recognize that service to my community members is of utmost importance, and will offer to give rides and help others out when they are in need.
 4. I understand that loss of driving privileges may be a consequence of my violating any rules, directions, or policies.
 5. SPECIAL STIPULATIONS: _____
- _____

Signature of Licensee

Date

Living by Design Collective, LLC

BIOPSYCHOSOCIAL HISTORY

Licensee's Name: _____ Date: _____

CURRENT SYMPTOMS CHECKLIST (Rate intensity of symptoms currently present)

None = This symptom not present at this time • **Mild** = Impacts quality of life, but no significant impairment of day-to-day functioning

Moderate = Significant impact on quality of life and/or day-to-day functioning • **Severe** = Profound impact on quality of life and/or day-to-day functioning

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
depressed mood	[]	[]	[]	[]	bingeing/purging	[]	[]	[]	[]	guilt	[]	[]	[]	[]
appetite disturbance	[]	[]	[]	[]	laxative/diuretic abuse	[]	[]	[]	[]	elevated mood	[]	[]	[]	[]
sleep disturbance	[]	[]	[]	[]	anorexia	[]	[]	[]	[]	hyperactivity	[]	[]	[]	[]
elimination disturbance	[]	[]	[]	[]	paranoid ideation	[]	[]	[]	[]	dissociative states	[]	[]	[]	[]
fatigue/low energy	[]	[]	[]	[]	circumstantial symptoms	[]	[]	[]	[]	somatic complaints	[]	[]	[]	[]
psychomotor retardation	[]	[]	[]	[]	loose associations	[]	[]	[]	[]	self-mutilation	[]	[]	[]	[]
poor concentration	[]	[]	[]	[]	delusions	[]	[]	[]	[]	significant weight gain/loss	[]	[]	[]	[]
poor grooming	[]	[]	[]	[]	hallucinations	[]	[]	[]	[]	concomitant medical condition	[]	[]	[]	[]
mood swings	[]	[]	[]	[]	aggressive behaviors	[]	[]	[]	[]	emotional trauma victim	[]	[]	[]	[]
agitation	[]	[]	[]	[]	conduct problems	[]	[]	[]	[]	physical trauma victim	[]	[]	[]	[]
emotionality	[]	[]	[]	[]	oppositional behavior	[]	[]	[]	[]	sexual trauma victim	[]	[]	[]	[]
irritability	[]	[]	[]	[]	sexual dysfunction	[]	[]	[]	[]	emotional trauma perpetrator	[]	[]	[]	[]
generalized anxiety	[]	[]	[]	[]	grief	[]	[]	[]	[]	physical trauma perpetrator	[]	[]	[]	[]
panic attacks	[]	[]	[]	[]	hopelessness	[]	[]	[]	[]	sexual trauma perpetrator	[]	[]	[]	[]
phobias	[]	[]	[]	[]	social isolation	[]	[]	[]	[]	substance abuse	[]	[]	[]	[]
obsessions/compulsions	[]	[]	[]	[]	worthlessness	[]	[]	[]	[]	other (specify)	[]	[]	[]	[]

EMOTIONAL/PSYCHIATRIC HISTORY

Prior outpatient psychotherapy?

No Yes If yes, on _____ occasions. Longest treatment by _____ for _____ sessions from _____ / _____ to _____ / _____

Provider Name

Month/Year

Month/Year

Prior provider name

City

State

Phone

Diagnosis

Intervention/Modality

Beneficial?

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Has any family member had outpatient psychotherapy? If yes, who/why (list all): _____

No Yes _____

Prior inpatient treatment for a psychiatric, emotional, or substance use disorder?

No Yes If yes, on _____ occasions. Longest treatment at _____ from ____/____/____ to ____/____/____
Name of facility Month/Year Month/Year

Facility name	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Has any family member had inpatient treatment for a psychiatric, emotional, or substance use disorder? If yes,

No Yes who/why (list II): _____
a

Prior or current psychotropic medication usage? If yes:

No	Yes	Medication	Dosage	Frequency	Start date	End date	Physician	Side effects	Beneficial?
		_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____	_____

Has any family member used psychotropic medications? If yes, who/what/why (list all): _____

No Yes _____

FAMILY HISTORY

FAMILY OF ORIGIN

Present during childhood:

	Present entire childhood	Present part of childhood	Not present at all
mother	[]	[]	[]
father	[]	[]	[]
stepmother	[]	[]	[]
stepfather	[]	[]	[]
brother(s)	[]	[]	[]
sister(s)	[]	[]	[]
other (specify)	[]	[]	[]

Parents' current marital status:

- married to each other
- separated for ____ years
- divorced for ____ years
- mother remarried ____ times
- father remarried ____ times
- mother involved with someone
- father involved with someone
- mother deceased for ____ years
age of patient at mother's death _____
- father deceased for ____ years
age of patient at father's death _____

Describe parents:

Father	Mother
full name _____	_____
occupation _____	_____
education _____	_____
general health _____	_____

Describe childhood family experience:

- outstanding home environment
- normal home environment
- chaotic home environment
- witnessed physical/verbal/sexual abuse toward others
- experienced physical/verbal/sexual abuse from others

Age of emancipation from home: _____ Circumstances: _____

Special circumstances in childhood: _____

IMMEDIATE FAMILY

Marital status:

- single, never married
- engaged _____ months
- married for _____ years
- divorced for _____ years
- separated for _____ years
- divorce in process _____ months
- live-in for _____ years
- _____ prior marriages (self)
- _____ prior marriages (partner)

Intimate relationship:

- never been in a serious relationship
- not currently in relationship
- currently in a serious relationship

Relationship satisfaction:

- very satisfied with relationship
- satisfied with relationship
- somewhat satisfied with relationship
- dissatisfied with relationship
- very dissatisfied with relationship

List all persons currently living in patient's household:

Name	Age	Sex	Relationship to patient
_____	_____	_____	_____
_____	_____	_____	_____

List children not living in same household as patient:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Frequency of visitation of above: _____

Describe any past or current significant issues in intimate relationships: _____

Describe any past or current significant issues in other immediate family relationships: _____

MEDICAL HISTORY (check all that apply)

Describe current physical health: Good Fair Poor

List name of primary care physician:

Name _____ Phone _____

List name of psychiatrist: (if any):

Name _____ Phone _____

List any medications currently being taken (give dosage & reason):

Is there a history of any of the following in the family:

- tuberculosis
- birth defects
- emotional problems
- behavior problems
- thyroid problems
- cancer
- mental retardation
- heart disease
- high blood pressure
- alcoholism
- drug abuse
- diabetes
- Alzheimer's disease/dementia
- stroke
- other chronic or serious health problems _____

List any known allergies: _____

DEVELOPMENTAL HISTORY (check all that apply)

Problems during mother's pregnancy:

- none
- high blood pressure
- kidney infection
- German measles
- emotional stress
- bleeding
- alcohol use
- drug use
- cigarette use
- other

Birth:

- normal delivery
- difficult delivery
- cesarean delivery
- complications _____
- birth weight _____ lbs _____ oz.

Infancy:

- feeding problems
- sleep problems
- toilet training problems

Childhood health:

- chickenpox (age _____)
- German measles (age _____)
- red measles (age _____)
- rheumatic fever (age _____)
- whooping cough (age _____)
- scarlet fever (age _____)
- autism
- ear infections
- allergies to _____
- significant injuries _____
- chronic, serious health problems _____

- lead poisoning (age _____)
- mumps (age _____)
- diphtheria (age _____)
- poliomyelitis (age _____)
- pneumonia (age _____)
- tuberculosis (age _____)
- mental retardation
- asthma

Social interaction (check all that apply):

- normal social interaction
- inappropriate sex play
- isolates self
- dominates others
- very shy
- associates with acting-out peers
- alienates self
- other _____

Intellectual / academic functioning (check all that apply):

- normal intelligence
- authority conflicts
- mild retardation
- high intelligence
- attention problems
- moderate retardation
- learning problems
- underachieving
- severe retardation

Current or highest education level

Describe any other developmental problems or issues: _____

SOCIO-ECONOMIC HISTORY (check all that apply)

Living situation:

- housing adequate
- homeless
- housing overcrowded
- dependent on others for housing
- housing dangerous/deteriorating

Social support system:

- supportive network
- few friends
- substance-use-based friends
- no friends
- distant from family of origin

Sexual history:

- heterosexual orientation
- homosexual orientation
- bisexual orientation
- currently sexually active
- currently sexually satisfied
- currently sexually dissatisfied
- age first sex experience _____
- age first pregnancy/fatherhood ____
- history of promiscuity age ___to ___
- history of unsafe sex age ___to ___

living companions dysfunctional

Additional information: _____

Military history:

Employment:

- employed and satisfied
- employed but dissatisfied

- never in military
- served in military - no incident
- served in military - **with** incident

Cultural/spiritual/recreational history:

cultural identity (e.g., ethnicity, religion): _____

unemployed

____describe any cultural issues that contribute to current problem: _____

- coworker conflicts
- supervisor conflicts

Legal history:

- unstable work history
- disabled: _____
- no current financial problems
- large indebtedness
- poverty or below-poverty income
- impulsive spending
- relationship conflicts over finances
- no legal problems
- now on parole/probation
- arrest(s) not substance-related
- arrest(s) substance-related
- court ordered this treatment
- jail/prison _____time(s)

currently active in community/recreational activities? Yes No

formerly active in community/recreational activities? Yes No

currently engage in hobbies? Yes No

currently participate in spiritual activities? Yes No

if answered "yes" to any of above, describe: _____

total time served: _____

describe last legal difficulty: _____

Living by Design Collective, LLC

I, _____, grant permission to Living by Design Collective, LLC for the use of the photography or electronic media of my likeness for purposes of marketing and social media related to the Living by Design Collective, LLC. Living by Design Collective, LLC will not sell my images or use them in anything other than promoting the house and a life of sobriety. I understand that I may revoke this authorization at any time by notifying the operator or house manager of Living by Design Collective, LLC in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.



Living by Design Collective, LLC

House Rules

Non-compliance to the following rules will terminate the license agreement.

Greater than 2 warnings of any of the following will result in immediate termination of the license agreement.

(RED TYPE = IMMEDIATE REMOVAL FROM SPACE & ENTIRE DWELLING)

1) SAFETY:

- a) No loitering or hanging out in the front yard for any reason. The back patio is used for this.
- b) Keep entry and exit doors closed and locked at all times
- c) No weapons, drugs, or paraphernalia of any kind
- d) Do not leave items on the floor that may cause a slipping or trip hazard
- e) If you spill anything on the floor immediately wipe it up and the place a wet floor sign
- f) In case of an emergency, all licensees will sign in and out of the property.
- g) **No resident is allowed to tamper with any smoke or carbon monoxide devices in the house. Doing so will result in immediate dismissal from the house.**

2) GENERAL:

- a) Do not steal or use another person's items without permission.
- b) Do not open or enter any cabinets or closets with locks
- c) Turn lights and water off when not in use
- d) You may NOT enter another licensee's room at any time
- e) Keep room door closed at all times
- f) Clothes must be worn outside of your room.
- g) Never leave personal items unattended in common areas of the home
- h) Kitchen closes at 8pm
- i) Licensees can enter/exit the home during these hours ONLY:
 - 6AM-9AM and 3PM - 11PM Sunday – Friday, 11pm TV off
 - 9AM – 12AM Saturday, 12am TV off
 - 24-hour prior written notice must be given and approved for any & all exception; exceptions are rarely approved
- j) If you are diabetic or need to give yourself shots using a syringe, you will need to have a medical grade bin to dispose of used needles properly.
- k) No overnight guests are allowed:
 - Visiting hours are from noon to 7 PM on Saturday and Sunday.
 - Guests must be approved by the House Manager.
- l) House exterior doors have a keypad lock and each resident will have a unique code to enter the house. This unique code is not to be shared with anyone. Use of another licensee's code or code sharing with any external party will result in immediate termination.
- m) We have cameras throughout the common areas and around the perimeter of the house. Residents will not be allowed to move or block any camera in the house. Tampering with any cameras will result in immediate termination of license agreement and removal of all licensee's personal property.
- n) Residents are invited to stay as long as they need. Evidence has shown that the longer the stay, the more successful long-term recovery will be. However, this is not required.

3) SMOKING, ALCOHOL, AND DRUGS:

- a) **There is absolutely no smoking in the house or in the front of the house. Smoking in designated area in backyard ONLY. (use proper receptacle provided)**
- b) **No Alcohol consumption or storage of alcohol in or around premises**
- c) **Do not share medication**
- d) **No storage or use of illegal drugs or unprescribed medication allowed**
- e) **Everyone is subject to random UA**

4) CLEANLINESS:

- a) Put trash in the trash can, put dirty dishes in the sink, clean up after you use the bathroom
- b) Your room shall be kept in an orderly and sanitary condition and “TOUR Ready” at ALL times
- c) Food is only to be consumed in the kitchen.
- d) Food is NOT ALLOWED in bedrooms at any time.
- e) If you spill anything or make a mess anywhere in the house including your room you will be responsible for cleaning it up.

A. YOUR ROOM:

- a) **You may NOT enter another licensee's room at any time**
- b) Mattress covers must NEVER be removed
- c) Keep room door closed at all times
- d) Keep personal items inside of your room (Valuable Items should be secured)
- e) All rooms are subject to search by Living by Design Collective, LLC House staff.
 - i) Living by Design Collective, LLC reserves the right to search resident’s belongings for illicit drugs, alcohol, drug paraphernalia, and weapons at any time. Case managers, probation officers and parole agents may also perform unannounced inspections and searches for those under their jurisdiction.
 - ii) **If any restricted items are found in the licensee’s personal space, the items will be confiscated, the licensee will be immediately dismissed from the house, and the license agreement will be terminated.**

B. PERSONAL HYGIENE

- a. Diapers, bed pads, or any personal hygiene items must be disposed of properly.
- b. You shall keep up with your personal hygiene by bathing and brushing your teeth frequently.
- c. You shall have no complaints that you or your personal space has offensive odors.

5) BEHAVIOR:

- a) No aggressive or violent behavior EVER!
- b) No profanity or offensive language directed at any licensees, neighbors, or Living by Design Collective, LLC's staff or helpers
- c) No lending or borrowing money, cars or other property from other licensees or neighbor
- d) All licensees must attend outpatient treatment
- e) No romantic advances on Living by Design Collective, LLC's staff

6) LAUNDRY:

- a) Use of Laundry on scheduled day and time ONLY
- b) Laundry area must be clean
- c) You may not wash another person's clothes
- d) You may not put feces or feminine soiled items into any sink, washer or dryer in the home.

7) RECOVERY GOALS & RELAPSE:

- a) Recovery goals are confidential, documented as part of in-take and secured in a locked cabinet with other in-take documentation.
- b) Every relapse case is unique, and may or may not result in license termination. Living by Design Collective, LLC reserves the right to terminate due to relapse on a case-by-case basis.

8) **HOUSEHOLD CHORES:** As part of being in a community, you must help with the upkeep of the house. This includes daily, weekly, and monthly chores. We will have a chore leader designated in the house to uphold and create assignments. The rule of thumb should be - be a good roommate, clean up after yourself immediately, and when you go to sleep at night and leave the house in the morning, all spaces in and around the property should be as neat as the first time you accessed the space, free of clutter, no dirty dishes or pots/pans in the sink, and countertops cleared off and cleaned.

a) These chores will include (a comprehensive list will be displayed in the house):

1. Keep all kitchen and bathroom countertops clear of clutter and personal items.
2. Clean the kitchen including the stove, oven, and inside and outside the microwave.
3. Throw out expired food.
4. Unload the dishwasher.
5. Clean out the refrigerator and freezer and wash inside with soap and water.
6. Sweep all floors.
7. Mop all floors.
8. Vacuum.
9. Clean bathroom toilets.
10. Clean all mirrors.
11. Clean bathroom showers/baths.
12. Clean clear off and tidy surfaces such as coffee table, counters, computer area.
13. Make bed and keep clothes off the floor.
14. Launder community towels such as kitchen towels, shower curtains if applicable, and bathmats.
15. Dust all surfaces with appropriate cleaning supply.

9) **DRUG TESTING POLICY** : When first entering the house as a resident, a drug test will be administered. After entering as a resident, a drug test may be required when any resident is suspected of being under the influence of any substance, at the discretion of staff or peers. Residents will be subject to both random and behavior indicated alcohol and/or drug screening tests. Refusing to submit to a test is grounds for immediate dismissal. All residents are subject to drug/alcohol testing after an overnight pass or extended trip with no exceptions.

a) UA testing process

Once a resident is asked to take a UA test, they must do it:

1. Immediately
2. Alone in the bathroom
3. With the door open?

b) Positive test

If you have a positive test, then you can choose to retake the test at your own cost. If you still believe the test is incorrect, you can choose to go to a facility to do the test at your own cost.

10) **RELAPSE POLICY & DISMISSAL PROCESS:** Living by Design Collective, LLC is an abstinence-based program and we have a zero-tolerance policy when it comes to relapse and/or drugs and alcohol being found on property. In the occurrence of a relapse, circumstances determine how each situation is handled by staff.

a) When asked to leave property due to using or failed drug screen/breathalyzer, the resident has two options:

1. Vacate the premises immediately with their property or your property will be packed for you by another resident or staff member.
2. Go to detox immediately. If the resident is willing to go to detox, they must find their own ride to detox. We can hold their bed for 10 days. If detox is complete, the resident can come back to the house, resign a license agreement, and take up where they left off

in their recovery. Staff will take the necessary measures to help the resident get to a safe place that meets their recovery needs as long as he or she is willing.

b) Dismissed residents due to relapse may return to the residence as long as a bed space is available, and the resident meets the following requirements:

- Have one week of continued sobriety confirmed by your sponsor.
- Pass a urinalysis test and a breathalyzer.
- Approval of return by staff and members of the recovery residence.
- Payment of any outstanding fees and readmission fee.

c) Overdoses on the premises

While this house is a drug-free zone, we realize that people relapse. Our house manager and our house lead will be trained on Naloxone administration and Naloxone will be located onsite.

i. Naloxone (Narcan) is used if you suspect someone has overdosed. The house lead & manager will be trained on how to use it, and any resident that wishes to be trained on it can be as well. Naloxone medication will be kept in the house in an accessible location.

11) Covid or other infectious illnesses

- a) If a resident is feeling ill and has symptoms similar to Covid-19, they should test immediately. If someone in the house tests positive, they should notify the house lead and manager immediately. They will be quarantined in their room for the recommended amount of time according to the CDC - typically 5 days. When they leave their room, they must wear a mask in any common area in or around the house until they have two negative covid tests. We will follow all state and federal rules for Covid quarantine.
- b) Accommodations will be made for quarantine if necessary (i.e. moving the affected resident into an empty room). Anyone that was in proximity to the person with covid should take covid tests daily to make sure they test positive for up to 5 days.

As part of the chore tasks, the house residents will wear masks and gloves and clean all surfaces and public areas with disinfectant as soon as possible after the resident tests positive.

12) Recovery residence exposure to bodily fluids and contagious disease policy

Living by Design Collective, LLC uses “universal precautions” to prevent the spread of disease within ANY OF THE INDOOR AND NEARBY SPACES, as follows:

"Universal Precautions" means an approach to infection control that treats all human blood and body fluids as if they are infectious. Generally, Universal Precautions consist of regular hand-washing after coming into contact with another person's body fluids (mucous, saliva, urine, etc.) and includes the use of gloves when handling blood or body fluids that contain blood.

Specifically, Universal Precautions consist of the following four basic infection guidelines:

a) Hand-washing

- i. Staff and residents should wash their hands:
 - (1) After assisting wiping one's nose.
 - (2) Before preparing or eating foods.
 - (3) After using the toilet.
 - (4) Before and after treating or bandaging a cut.
 - (5) After handling urine test kits or collection of urine.
 - (6) After wiping down surfaces, cleaning spills, or any other housekeeping.
 - (7) After being in contact with any body fluids from another person.
 - (8) Even if they wore gloves during contact with body fluids.

b) Gloves

- i. Staff and residents should always wear gloves:
 - (1) When they come into contact with blood or body fluids that contain blood.
 - (2) When they have open cuts or scratches on their hands.
 - (3) When cleaning up urine, stool, or vomit.
 - (4) When administering first aid for a cut, a bleeding wound, or a bloody nose.
 - (5) And use gloves only one time, for one incident or client.
 - (6) Staff must air dry their hands prior to putting on a new pair of gloves.
 - (7) And dispose of used gloves immediately after use.

c) Cleaning with a disinfectant

- i. Staff and residents should clean with a disinfectant:
 - (1) On all surfaces and in the resident's room and on an "as needed" basis on any surface that has come into contact with blood.
 - (2) Such as a basic bleach solution, made fresh daily by mixing:
 - (a) 1/4 cup household liquid chlorine bleach in one gallon of tap water, or one tablespoon bleach in one quart of water.

d) Proper disposal of infectious materials

- i. Staff and residents should dispose of infectious materials by:
 - (1) Placing it in a plastic trash bag, tying it with a secure tie, and disposing of it out of reach of residents and any children who may be present.

13) Grievance policy: From time to time, residents will have issues with other residents, house leads, or the operator. We want to make sure that all grievances are heard and addressed in a timely manner. The operator of the house has the final decision in all grievances. If there are additional grievances after all levels of management within the home have addressed the issue, it can be escalated to TROHN.

a) Resident grievances with each other or house manager: all clients have the right and are encouraged to communicate his or her grievance to Living by Design Collective, LLC staff member or company representative. There will be no consequences or retaliation for the resident filing a grievance.

- i. All residents have a right to file a formal written grievance. The resident may request a form from any staff member or House Manager. (Grievance Forms are located on property website). The licensee should fill out the form and return it to any staff member or the House Manager.
- ii. Written grievances shall be forwarded to the Kim at kim@nerdspeakdesign.com.
- iii. In the instance where the decision maker is the subject of a grievance, decision making authority shall be delegated to Chidi at admin@nerdspeakdesign.com

- iv. Time frame for expedient resolution is four business days upon receipt of the complaint/grievance.
- v. The client will be sent a written notice of the grievance outcome and steps for appealing the outcome.

b) Grievance records: All grievances will be recorded and maintained for a period of 5 years at an offsite location and online.

14) Emergency numbers and evacuation maps (posted at end of house rules)

Evacuation maps are posted in the conspicuous locations throughout the house.

When in doubt, call 911, specifically if someone is unconscious, overdoses, or is being violent.

- **Suicide hotline and Recovery hotline: dial or text 988.**
- Help with essential needs, mental health help, and help with finding resources: **211.**
- RESPONSIBLE PARTY PHONE #: 1.888.565.1488 (office)
- Free food and basic resources: <https://theconcilio.org/food-and-basic-needs/>

15) **Encino Property Only: Fountain & Pond Waiver:** Licensees will keep all three doors leading to the backyard and fountain area closed and locked at all times. Failure to do will result in immediate license termination. Any accident, injury or lose of life due to pond drowning is no fault of Living by Design Collective, LLC and no liability or punishment can be sought against Living by Design Collective, LLC due to any licenses or their agent's negligence.

a) **Initial here to acknowledge the above statement** _____

My signature signifies, I have read and understand what I can and cannot do while living in any spaces that Living by Design Collective, LLC manages. I understand and agree that if I break any rules within this document listed in red-colored font, my access will be terminated immediately, and I will be banned from living in other spaces or homes that Living by Design Collective, LLC manages.

X _____ (Person Who Will Occupy Space)

Date: _____

Staff Use ONLY

SOURCES OF DATA PROVIDED ABOVE: Patient self-report for all A variety of sources (if so, check appropriate sources):

Presenting Problems/Symptoms

- patient self-report
- patient's parent/guardian
- other (specify) _____

Family History

- patient self-report
- patient's parent/guardian
- other (specify) _____

Developmental History

- patient self-report
- patient's parent/guardian
- other (specify) _____

Emotional/Psychiatric History

- patient self-report
- patient's parent/guardian
- other (specify) _____

Medical/Substance Use History

- patient self-report
- patient's parent/guardian
- other (specify) _____

Socioeconomic History

- patient self-report
- patient's parent/guardian
- other (specify) _____

OFFICE USE ONLY: Circle Yes if applicable

Temperature Check (enter temperature taken)	_____ F
Copy of ID/CDL	Yes
Copy of Proof of Military Service**	Yes
Proof of Income - Confirmation	Yes
Access Fee Received	Yes
1 st Licensee Fee Received	Yes
Initial Rent (Prorated) Received	Yes
COVID-19 Disclaimer Signed	Yes
License Agreement Signed	Yes
(Encino Property Only: Fountain & Pond Waiver)	Yes