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# Recovery Up Front

107 Front Street, Weymouth. MA 02188

**Joe (781) 974-9223 / Brian (617) 293-9612**

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**Recovery Up Front** is a male sober living environment that provides men who have attained abstinence and have the desire to maintain their sobriety in a safe structured and supportive home.

Initial conditions for acceptance into **Recovery Up Front** are:

1. Residents must be sober and actively maintaining sobriety by being involved in a recovery program,
2. Residents must have the ability to pay \$190 rent weekly. A \$190 non-refundable deposit is required to reserve a bed. First, and last two weeks' rent is required to enter the program. In addition, if a resident is asked to leave, there are no refunds. If leaving is voluntary, you must give a two-week notice. During this two-week period payment of rent is not required since all residents have a two-week reserve that will be used to pay their rent.
3. Residents must be respectful of one another and engage in a spirit of cooperation.

## House Rules

1. Residents will be on probation for 90 days; during which time they can be terminated for no apparent reason.
2. Residents will be held responsible for maintenance of common property and assigned chores.
3. Residents will be responsible for attending four (4) self-help meetings per week -Residents can be required to provide verification to management.
4. Residents are expected to abstain from alcohol and other substances. If a resident is using alcohol/drugs or involved in any drug activity, he will be immediately discharged. In addition, residents must agree to submit to random drug tests upon request.
5. No refunds will be provided.
6. Management will not be responsible for any personal possessions.
7. No food will be allowed in areas other than the kitchen,
8. Rooms must be kept neat and cleaned daily.
9. Sexual contact between residents is cause for immediate discharge.
10. Non-payment of rent is subject to disciplinary action and may result in discharge. Rent is due by Friday prior to leaving the House for the weekend.

11. Disruptive, threatening or abusive behavior to residents and/or staff will not be tolerated and subject to discharge.
12. Residents must attend one (1) in-house (Thursday) meeting weekly.
13. All residents must be in the house by: 11 pm. Sunday through Thursday; weekends by 12 midnight unless other Arrangements have been previously approved by management.
14. Any overnights must be approved by management.
15. Visitors are limited to sponsors and immediate family only and must be approved by management in advance. Visitor times will be designated.
16. No visitors are allowed in residents rooms.
17. **Recovery Up Front** is a smoke free environment. Any resident found smoking in the house will be discharged immediately.
18. Smoking will be permitted in an outside designated area only.

My signature indicates that I have read and understand all of the aforementioned, and if I am accepted, I agree to abide by all of the rules and responsibilities of the house or be subject to disciplinary action which could result in immediate discharge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# RECOVERY OP FRONT

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## RESIDENCY APPLICATION

TYPE OR PRINT (CLEARLY) ALL INFORMATION. USE  
ADDITIONAL SHEETS IF NECESSARY.

I HEREBY APPLY FOR RESIDENCY IN THE RECOVERY UP FRONT  
HOUSE AND I PROVIDE THE FOLLOWING INFORMATION FOR USE  
BY THE MANAGEMENT AND HOUSE RESIDENTS IN DETERMINING  
MY ELIGIBILITY AND APPROPRIATENESS FOR RESIDENCY.

ANSWER ALL QUESTIONS THAT APPLY.

NAME

(LAST)

(FIRST)

(MIDDLE)

PREVIOUS ADDRESS:

TELEPHONE #: HOME

WORK

(CELL)

DATE OF BIRTH / /

SEX: MALE

FEMALE

SOCIAL SECURITY NO.

ARE YOU CURRENTLY HOMELESS/WITHOUT A PERMANENT PLACE  
TO LIVE? YES NO

MARITAL STATUS: HEALTH INSURANCE:

THERAPIST----- PHYCHIATRIST \_\_ \_\_ \_PHYSICIAN

MEDICAL CONDITION:

ARE YOU TAKING ANY PRESCRIPTION MEDICATIONS? YES/NO

IF YES, PLEASE LIST THEM: \_\_\_\_\_

DRUG OF CHOICE: \_\_\_\_\_

HAVE YOU BEEN TO REHAB? YES \_\_\_\_\_ NO

IF YES, WHERE? .....

ARE YOU A RECOVERING ~~ALCOHOLIC~~ ALCOHOLIC \_\_\_ ADDICT \_\_\_\_\_

YOUR SOBRIETY/RECOVERY DATE: / I

DO YOU HAVE A SPONSOR? YES NO

FIRST NAME OF SPONSOR:

DO YOU ATTEND AA OR NA MEETINGS? YES \_\_\_ NO

PROGRAM HISTORY

EMPLOYER:

AMOUNT OF INCOME:

DO YOU HAVE ANY OUTSTANDING WARRANTS? YES No

DO YOU HAVE ANY SEX OFFENSES? YES NO

LIST NAME OF PAROLE/PROBATION OFFICER:

LIST NAMES AND TELEPHONE NUMBERS OF TWO INDIVIDUALS  
WHO MAY BE CONTACTED IN THE EVENT OF AN EMERGENCY:

1.

(NAME) (PHONE NUMBER) (RELATIONSHIP)

2.

\_\_\_\_\_

(NAME) (PHONE NUMBER) (RELATIONSHIP)

RECOVERY UP FRONT IS A SOBER ENVIRONMENT AND WILL  
NOT TOLERATE RESIDENTS USING ALCOHOL/DRUGS. IF A  
RESIDENT IS FOUND TO BE USING EITHER SUBSTANCE **HE**  
WILL BE IMMEDIATELY DISCHARGED.

**SIGNATURE:**

**DATE:**

BRIAN (617) 293-9612 JOE (781) 974-9223

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## CONSENT FORM

I, \_\_\_\_\_, an applicant for RECOVERY UP FRONT, do hereby voluntarily consent to random requests for urines and/or saliva specimen and agree to fully participate if requested.

All new residents will submit to a drug test prior to approval for residency.

If my specimen is found to be positive; I understand I will be immediately discharged from the RECOVERY UP FRONT HOUSE.

Signature

Date

\_\_\_\_\_  
aforementioned I consent information, I have read rules, the criteria and application provided by RECOVERY UP FRONT, and I understand that if I am accepted, I agree to the following terms:

I waive any landlord/tenant rights with respect to residency at the RECOVERY UP FRONT HOUSE. I understand and agree to comply with the rules and responsibilities of the house.

In addition, I understand there will not be any money refunded if I am required to leave. If leaving is voluntary, I must give a two-week notice, last and security deposit will be used for the last two weeks of rent.

Signature

Date \_\_\_\_\_

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## PARKING REGISTRATION FORM

PERSONAL INFORMATION: ALL BLOCKS MUST BE FILLED IN

NAME: LAST: FIRST: MIDDLE

STREET ADDRESS: CITY/TOWN: STATE:

HOME PHONE# WOR.K#/EXT ZIP CODE :

VEHICLE INFORMATION: ALL BLOCKS MUST BE FILLED IN

PLATE NUMBER: .STATE: YEAR : COLOR :

MAKE: MODEL:

Signature\_ . . . . . Date