

# **SOMETHING IN BETWEEN**

**A RECOVERY MENTORSHIP PROGRAM**

## **NEW CLIENT'S PACKAGE**

**CLIENT NAME**

---

**ADDRESS**

625 SE 4th Ave; Delray Beach, FL 33483  
House Telephone: 561.501.7392

...

35 NW 13th Avenue; Delray Beach, FL 33444  
House Telephone: 561.270.2178

...

508 SE 3rd Ave; Delray Beach, FL 33483  
House Telephone: 561.908.2754

**MANDATORY HOUSE MEETINGS**

Tuesdays 8:30 PM; 9:30 PM; 10:30 PM  
Respectively

**SOMETHING IN BETWEEN OFFICE NUMBER**

561.654.6151

**OFFICE ADDRESS**

247 SE 3rd Ave  
Delray Beach, FL 33483

# **SOMETHING IN BETWEEN**

## **A RECOVERY MENTORSHIP PROGRAM**

Recovery Residences  
247 SE 3rd Avenue  
Delray Beach, FL 33483

Director – David A. Stein

Congratulations on your decision to participate in the **Something In Between Mentorship Program (SIB)**. We will do everything in our power to make your stay a productive and positive part of your recovery and will work closely with your treatment team. We are committed to providing a safe, supportive and clean environment for your early recovery, but we will need you to provide your honesty, open-mindedness and willingness, which are essential to your growth. Remember, **IF NOTHING CHANGES, NOTHING CHANGES!!!!**

Pursuant to these goals, please find the following documents to assist us in helping you:

1. Your Commitment While in this Program
2. Client Information Form
3. House Rules
4. Sponsor Contact Information and Meeting Attendance List
5. Agreement for Services

After you have read them thoroughly, please initial and date at the bottom of each page of these forms and sign where applicable. Please feel free to call me should you have questions, comments or concerns. Remember, the only bad question is the one you choose not to ask.

We are grateful for the opportunity to participate in your recovery and pray your stay here helps you to build a solid foundation for you to find true freedom.

Best regards,

Dave Stein, Owner/Manager  
Something In Between Mentorship Services

# SOMETHING IN BETWEEN

## A RECOVERY MENTORSHIP PROGRAM

### Your Commitment While in the SIB Mentorship Program

I, \_\_\_\_\_, agree to:

1. Attend AA, NA or CA meeting every day for first 90 days and regularly thereafter, (a minimum of 4 a week after completing 1st 90),
2. Have a Home Group and be an active member in it,
3. Have a sponsor and start working the 12 steps,
4. All clients must work full-time, attend school full-time, or volunteer full-time. If you are not able to accomplish this, discuss with staff prior to signing as you will be required to leave house from 9-5:30 in pursuit of a job or volunteering for a charity,
5. Not act out or engage in any physical confrontation,
6. Make bed every morning before 9 AM, clean bedroom and bathroom daily and clean up after yourself in the common areas,
7. Do daily chores as posted in the house. These will rotate every week,
8. Pay all fees on time. They will be due Sunday at the house meeting, no exceptions or excuses,
9. Follow all aftercare and continuing care treatment requirements made by your therapist or treatment team,
10. Take all medications as legally prescribed and notify manager in writing within 24 hours of any changes in them,
11. NO ROUGH HOUSING, ESPECIALLY IN HOUSE!!!
12. Report any violations of these and "House Rules" to management.

Remember, you need to be an active participant in your recovery if you hope to make this a safe environment for your recovery. It is only with your help that we can make this the most successful recovery house around!!!

**Violation of any of these rules may result in stricter curfew restrictions or possibly be grounds for termination of this agreement and thus your rights to remain in residence at SIB.**

# SOMETHING IN BETWEEN

## A RECOVERY MENTORSHIP PROGRAM

### CLIENT INFORMATION FORM

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Marital Status      M                      S                      D

Permanent Address \_\_\_\_\_

#### **Emergency Contact Information**

Name \_\_\_\_\_ Relation to You \_\_\_\_\_

Phone # \_\_\_\_\_

#### **Employment**

Employer \_\_\_\_\_ Position \_\_\_\_\_

Contact # and Name of Supervisor \_\_\_\_\_

#### **Clean/Sober History**

Clean Date \_\_\_\_\_ Treatment Center \_\_\_\_\_

Primary Therapist Name \_\_\_\_\_ Contact # \_\_\_\_\_

Continuing Care Therapist Name \_\_\_\_\_ Contact # \_\_\_\_\_

#### **Other Pertinent Data** – ie: Probation, House Arrest, etc.

Reason for:

\_\_\_\_\_  
Contact Person                      Title/Position                      Phone #

Sponsor Name and Phone # \_\_\_\_\_

#### **Prescribed Medications:**

Type                                      Dosage

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

# SOMETHING IN BETWEEN

## A RECOVERY MENTORSHIP PROGRAM

### HOUSE RULES

Learning to respect ourselves and others is one of the great many gifts that come from working a program of recovery. In order to facilitate this, we have a few guidelines to serve you and our other clients in your participation in this program.

1. **NO** use of drugs, alcohol or any mood altering substances (legal or not) including no steroids or supplements of any kind. Use and/or possession thereof, including paraphernalia, will result in the immediate termination of this agreement and termination of your stay at SIB. The only exceptions are medications under the care and direction of your recovery physician. (These must be listed on your Client Information Form or SIB must have received notice in writing of any changes to medications since entrance into this program).
2. Smoking is permitted in outside areas and patios only. All butts are to be placed in ashtrays to be emptied regularly as per daily chores list. If you choose to throw your butts on the ground, you will lose your privileges to smoke at the residence for 1 week. **NO SMOKING IN THE RESIDENCE!!** Smoking in the residence will immediately terminate this agreement and your stay at SIB.
3. Gambling in any form is expressly forbidden both on and off premises. This includes poker, lotto, sports pools, internet gambling of any sort, etc.
4. Loaning ones car, personal items or money to anyone is always forbidden. **NO EXCUSES OR EXCEPTIONS.**
5. Profane or indecent language is prohibited. This includes speaking in or outside of residence and to other SIB clients and to neighbors. Part of a program of recovery is learning to treat yourself and other with respect.
6. **Only staff and residents** are allowed on premises. Rides are welcome to pick you up but must stay out of residence. Any women guests found on premises at any time, for any reason without written permission from SIB will result in immediate termination of your right to reside at SIB residence.
7. Out of respect for our clients all activities will be quieted by midnight.
8. Curfew is as follows, but may be changed due to your conduct.
  - a. **11:00 PM for your 1st 30 days.**
  - b. After that assuming no violations of conduct, **11:30 PM Sunday – Thursday, 1:00 AM Friday and Saturday.**

Each client is responsible for their own cleanliness and laundry and obeying all other house and program rules.

# SOMETHING IN BETWEEN

## A RECOVERY MENTORSHIP PROGRAM

### ENROLLMENT CONTRACT AND AGREEMENT AUTHORIZING ENTRY TO SOBER MENTOR PROGRAM

This agreement made between (Client) \_\_\_\_\_ and Something In Between (the Sober Mentor), (hereafter referred to as SIB) on this date \_\_\_\_\_ (CLIENTS) agree to hire SIB to provide Sober Mentoring for the term of 6 months and 1 day. This instrument is not intended to create a landlord/tenant relationship and is not subject to Florida Statute Chapter 83.

By signature below, I acknowledge that I am voluntarily enrolled in this sober mentorship program and will voluntarily consent to the rules of this agreement as outlined below.

I am aware that the practice of recovery is not an exact science and acknowledge that no guarantees have been made as to what result will be obtained.

In consideration of the acceptance of this agreement for voluntary recovery assistance, CLIENTS waive, release, hold harmless and indemnify Dave Stein and SIB or any medical, mental health or treatment professionals who may be involved in CLIENTS sober mentorship of any and all liability (legal, financial, medical or other) for any claim or loss or damages because of any injuries direct or indirect which may occur to CLIENTS or CLIENTS family or friends for loss, damage or theft of any of CLIENT's personal property during my enrollment whether or not the result of negligence, gross negligence or intentional action or inaction of SIB its' agents or professional associates on or off premises.

CLIENTS acknowledge that they will be financially responsible to reimburse SIB for any damage caused to property of SIB by CLIENT or caused by CLIENT's acquaintances. Should this occur, CLIENTS agree to indemnify SIB for any legal charges, attorney's fees incurred in efforts to collect for any damages. Payment will be due immediately upon presentation of bill for any damaged property.

Enrollment in this program will commence with the signed return of this agreement accompanied by a check for \$600 consisting of payment of 1st and last week's fees plus an additional \$200 administrative/testing fee. Weekly fee for sober mentorship services will be \$200 and should be made payable to SIB. Other payments will be due weekly on the Sunday prior to the week being paid for. Latest they will be accepted without a late fee is at the Tuesday "House Meeting". Late fee will be \$20 per week for each week fees are late.

---

Client Signature

Date

# SOMETHING IN BETWEEN

## A RECOVERY MENTORSHIP PROGRAM

### AGREEMENT FOR RESIDENTIAL SERVICES

This agreement entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between David Stein/Owner/Manager of Something In Between, LLC., 247 SE 3rd Avenue, Delray Beach, Florida 33483 hereinafter referred to as "SIB", and \_\_\_\_\_, hereinafter referred to as "Client".

#### WITNESSETH:

**WHEREAS**, SIB is in the business of providing sober mentoring services included in which are the right to reside in its residences for individuals in recovery.

**WHEREAS**, SIB maintains a residence in Delray Beach, Florida 33444 as indicated on first page

**WHEREAS**, Client understands and acknowledges he is not to be the sole resident of a room, but that SIB has the right to have another client in same bedroom who will reside there during the term of this agreement.

**WHEREAS**, Client wishes to reside with other in same bedroom, upon the terms and conditions set forth herein:

**NOW THEREFORE**: In consideration for providing this sober residence and the mutual covenants contained herein, it is agrees as follows:

- 1. Fees.** Client agrees to pay, without demand, to SIB, as his portion of fees for the bed, Five Thousand Two Hundred \$5,200 as may apply, payable \$200 per week in advance on the Sunday the first day of the program week. The program week shall run from Sunday to Saturday or any portion thereof. The term of this agreement for at least 6 months and 1 day, ending on the Saturday immediately following 6 months after the date of the signing of this agreement. Said payment shall be made to David Stein or his representative at SIB's Sunday weekly residential meeting or at such other places as SIB may designate from time to time. David Stein acknowledges receipt of \$600.00 representing, 2 weeks program fees (1st and last week in advance), and a non-refundable \$200 administrative/ testing fee (weekly fees may vary as per agreement and shall be handwritten if other than the above).
- 2. Use of Premises.** Premises shall be used and occupied by Client exclusively as a part of the sober mentoring program and no part of residence shall be used at anytime during the term of this agreement for the purpose of carrying on any business, profession or trade of any kind or for any purpose other than as a sober cohabitation residence. Lessee shall comply with all sanitary laws, ordinances, rules and orders of appropriate governmental authorities affecting the cleanliness, occupancy and preservation of premises.
- 3. Number of Occupants.** SIB residential dwelling shall be occupied by no one other than the fully paid Clients of SIB. No additional persons may occupy the premises, nor shall Client allow relative, friend or acquaintance to occupy said premises at any time. Occupancy is limited to the adult individuals who shall have a secured written agreement with SIB.
- 4. Condition of Residence.** Client agrees that he has examined the premises and improvements and that they are, at the time of the signing of this agreement, in good order, repair and a safe, clean and tenantable condition.
- 5. Assigning and Subletting.** Client shall not attempt to sublet or grant license to use the premises or any part thereof. Any attempt at such will be void and void this agreement. At the SIB's option, Client may be required to vacate premises forfeiting and monies paid including security deposit.

6. **Damage to Premises.** If the premises or any part thereof, shall be partially damaged by fire or other casualty not due to SIB's negligence or willful act or that of his employee, agent, family or visitor, the premises shall be promptly repaired by SIB and there shall be an abatement of program fees corresponding with the time and the extent to which the premises are untenable. SIB shall have the option of not rebuilding or repairing, in which event the term of the agreement shall end and the rent shall be prorated up to the time of damage. SIB will not be responsible for damage caused to any personal property of clients.
7. **Utilities.** SIB will be responsible for arranging and paying for all utility services a residence such as electric (up to \$250 per month, balance to be split among clients at residence), cable/satellite, water, phone and trash removal.
8. **Furnishings.** SIB will provide a furnished dwelling with household furniture, beds, appliances including washer and dryer, pots and pans, kitchen utensils, lines and other household items. Client agrees to return all items in good condition as they were found.
9. **Maintenance and Repair.** Client shall promptly make all repairs to the premises, plumbing, fixtures, wiring, etc. when the damages were caused by the fault or negligence of the Client.
10. **Animals.** Client will keep nor allow any animals on premises without the prior written consent of SIB.
11. **Inspection of Premises.** SIB and their agents will have the right to inspect the premises at all times during the term of this agreement and any renewal thereof.
12. **Holdover by Client.** If Client remains in possession of the premises after the term of this agreement, with the consent of SIB, a new agreement will be created between SIB and Client for a term of week to week, which will be subject to the same terms and conditions hereof, but shall be terminable with one weeks written notice from either party.
13. **Surrender of Premises.** At the expiration of the term of this agreement, Client shall surrender the premises in as good state and condition as they were at the commencement of this agreement, reasonable use and wear and damages by the elements expected and immediately have do change of address. Mail will be held for 1 week. CLIENT responsibility to contact SIB to pick up. After 1 week will be put in mailbox with RETURN TO SENDER.
14. **Default.** If Client fails to comply with any of the materials provisions of this agreement, "House Rules" or other rules and regulations excluding the covenant to pay for services, imposed on Client by this agreement, within two (2) days after delivery of written or verbal notice by SIB specifying the noncompliance and indicating the intention of SIB to terminate this agreement by reason thereof, Client shall immediately vacate premises. If Client fails to pay weekly program fees and the default continues for three (3) days after delivery of written notice by SIB for payment, SIB may terminate this agreement and Client shall immediately vacate premises.

**IN ADDITION TO THE ABOVE,** the Client acknowledges and agrees to maintain individual sobriety and also agrees to vacate premises immediately upon verbal (as may be required to protect other Clients) and/or written notice of failure to comply with any of the six terminable violations of SIB.

**The six (6) terminable violations of this agreement which result in immediate termination of this agreement and the immediate vacating of the premises (residence) are:**

1. Any use of alcohol, drugs or any mood altering substances and or their possession including paraphernalia. Only exception is when taken by prescription and the medication was listed on intake documents.
2. Physical confrontation or acting out, yelling, verbal abuse to staff or other Clients or physical threats.



3. Bringing anyone on premises without prior written consent of SIB. This does not include rides to meetings or other sober functions. Rides are not allowed inside residence. Absolutely no women on premises at any time.

4. Refusal of Client to submit to random drug and alcohol testing or a positive result from either drug or alcohol tests,

5. Theft.

6. Being Late for curfew.

15. **Abandonment.** If at any time during the term of this agreement, Client abandons the premises or any part thereof, SIB may, at its' option, obtain possession of the premises in the manner provided by law and without becoming liable to Client for damages or for any payment of any kind whatever. After a period of three (3) days of not hearing from Client, SIB may engage a new Client to take over the spot with no recourse. This abandonment terminates the agreement upon 3 days of not hearing from Client and Client forfeits any deposits and is not entitled to refund of any of program fees paid in advance. Clients personal possessions will be held for five (5) days either at the residence or office of SIB. After that they will become the property of SIB.

16. **Binding Effect.** The covenants and conditions herein contained shall apply to and bind the heirs, legal representatives and assigns of the parties hereto, and all covenants are to be construed as conditions of this lease.

Executed at Delray Beach, Florida, the day and year first above written.

Client: Print \_\_\_\_\_ Sign \_\_\_\_\_

State of Florida, County of Palm Beach

The foregoing was acknowledged before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

---

David Stein, Owner SIB