

Project Unity for Life 1689 Park Dr. Traverse City, MI 49686 projectunity4life@ outlook.com

You are asking to have Unity House be your residence for the next few Months.

What are your intentions for moving into Unity House?

What do you hope to accomplish by moving into Unity House?

# **Application for Membership in UNITY House**

To be accepted in Unity House an applicant must complete both sides of this application and be interviewed by the residents of the particular House.

The residents of the house then vote on acceptance, an 80% affirmative vote is needed to be accepted. Carefully read the application and honestly answer the questions. Living in Unity House is special and if you understand its value it can help you achieve comfortable sobriety without relapse.

1. Print Name (Last, First, Middle)		3. Date of Birth			
Present address (Street) Check if treatme	ent facility	4. Phone Where You Can Be Reached			
CityState		Home (			
Zip		W ork (			
5. Are you an Alcoholic?  YES NO	6. Have you been through recovery?	9. List drugs you used addictively:			
7. Are you addicted to drugs?	8. Date Last Drug Used?				
YES NO					
10. When did you attend your first AA or NA meeting?		11. How many AA/NA meeting do you now attend each week?			
12. Do you currently have a sponsor?		13. Are you employed? YES NO			
YES NO  If Yes list their name and number		If "yes" who is your employer?			
If No, do you agree to get a sponsor within 60 days of entering Unity House? YES No					
14. Are you getting welfare or other non-job related	d income?	15. If you do not have a job, you agree to get a job within 14 days of entering Unity House?	а		
YES NO					
If "yes" what?		YES NO If Yes go to Number 16 and 17			
16. What is your monthly income right now?		17. What do you expect your monthly income to be next month?			

18. Marital status [Check One]	19. Do you have a medical doctor?
MarriedSingle Divorced	YES NO
WarnedSingle Bivorced	Telephone number: ( )
20. How many times have you been to treatment for alcoholism and/or drug addiction?	21. Do you take prescription drugs?
One time only	YES NO
2-4 times 5 or greater	List the drugs and the Doctor who prescribed them.
22. Date of move in? Immediately	Other
If "other" list the date you would want to move in, if acc rather than immediately.	
23. Have you ever lived in Unity House before? YES	
24. List emergency Numbers ( ) Related 25. I realize that Unity House to which I am applying for compliance with the conditions of §2036 of the Federal A as amended, which provides that the house requires the residents from using any alcohol or illegal drugs, (B) exp prohibition, (C) Pay household rent, promptly. (D) Expuls normal due process afforded by some local landlord-tenaremoval will be immediate.	nti-Drug Abuse Act of 1988, P.L. 100-690, house residents to (A) prohibit all sel any resident who violates such sion from the group is different than the
26. I have read all of the material on this application for I have also answered each question honestly and from alcoholism and/or drug addiction without rela	want to achieve comfortable recovery
Signature	

I agree:

That I will stay current on my rent, not more than 2 weeks in arrears.

That I will follow a Faith based approach as presented by Project Unity for Life (PUFL).

That I will attend all Project Unity for Life (PUFL) required classes and Bi Monthly Unity House meetings. Meetings are currently the first and third Tuesdays of the month.

That I will NOT use alcohol or Drugs (unless Doctor prescribed) while I live in Unity House. Clients rooms maybe subject to property search with Board approval.

That I will abide by the Smoke Free policy in and around Unity House.

That I will not tolerate or use violence or threat of violence while living at Unity House and I will respect all property of others at Unity House.

That I will be responsible for the cleanliness of Unity House which means I will clean up after myself and remind others to do the same.

That while not employed, I will seek employment daily and will be required to volunteer at non-profits in the area when not attending meetings, work, or job application situations.

That I will work with the other Unity House members to resolve issues of Unity House members.

That I will attend at least 4 AA or NA meetings weekly, or explain nonattendance to house members and get their approval for nonattendance.

That I will search out a Faith community (church) and regularly attend services

Upon leaving Unity House I will take all personal property (PP) with me. Any PP left after One week will be donated to Goodwill unless specific arrangements are made with the Board.

That I may be subject to PBT's and /or drug screens as directed by PUFL.

That there will be no animals allowed in Unity House.

That I will follow all rules regarding visitors as follows:

- All visitors are to be 18 years or older (unless prior approval is given by PUFL).
- All visitors must be accompanied by a house member at all times while in Unity House and must not be given individual access to Unity House.
- Visitors may not be in any bedroom in the house at any time (no exceptions) and must leave house by 11:00 PM.

Failure to comply with any of these requirements may result in immediate removal from Unity House, at the discretion of the Board.

Signed Date	Signed	Date _	
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### UNITY HOUSE MANIFESTO

- "When problems occur, we'll be prepared to talk openly about them and act quickly to respond to them."
- "If any Unity House member should know about an issue or problem which could affect Unity House, they will voluntarily talk about it as quickly and as completely as we can."
- "When problems or changes occur, we will keep the Board and Unity House members posted on a schedule they set until the problem or changes have been thoroughly explained or resolved."
- "We will answer any questions Unity House members or the Board may have and suggest and volunteer additional information on matters members have yet to ask questions about."
- "We will be cooperative with the Board and Unity House members, but our primary responsibility is to communicate directly with those most directly affected by our actions as soon as possible."
- "We will respect and seek to work with each Unity House member."

Welcome! As you complete this worksheet, you are likely to discover something new about yourself. In a way, you are self-coaching by establishing clarity about what you want to have happen in your own life. You may have more insight about what goals you want to achieve and what you may need to do to achieve those goals. For each of the following statements rate you level of agreement from 1 to 5 with 1 meaning you are not in agreement and 5 meaning you are in full agreement. Mark your answers with a circle around the number that best indicates your level of agreement with the statement as things are for you today.

### For example:

If I had my life to live over, I would do it just the same.

1 2 3 4 5

(To circle 1 would mean "no way" and to circle 5 would mean – "sure thing". To circle 3 would mean "maybe".)

I believe I am in good physical health.	1	2	3	4	5
I have a good sense of inner peace.	1	2	3	4	5
I am happy with my work and/or a career.	1	2	3	4	5
I am content with my most significant personal relationship(s).	1	2	3	4	5
I am content with my relationships with family and/or friend(s).	1	2	3	4	5
I feel good about my personal growth, improvement, or development.	1	2	3	4	5
I am on a solid path of spiritual growth or maturation.	1	2	3	4	5
I have a good sense of humor.	1	2	3	4	5
I believe in right living: being honest, having integrity, and taking responsibility.	1	2	3	4	5
I have resolved most of my resentments against people, places, and things.	1	2	3	4	5
I have forgiven all the people in my life who have hurt me in any way.	1	2	3	4	5
I feel no shame for my past behavior(s).	1	2	3	4	5
I feel no guilt for my past behavior(s).	1	2	3	4	5
I like helping other people get what they need in life.	1	2	3	4	5
I am able to get most of my needs met without any outside help.	1	2	3	4	5

Most everyone has some things in their lives with which they just put up with. What are three of the things you are putting up with in your life today? These would be things about you, not other people, places, or things. For example, some people put up with a bad habit, or with having a bad temper, or with laziness. What's on your list of things you would be better off without yet you tolerate them?
1.
2.
3.
What three things do you absolutely love; Could be relationships, maybe hunting, maybe surfing the net, or playing baseball – whatever. What things do you love or love doing? Also, if you could have more of that or do it more or more often, what would it be and what makes it that way for you?
1.
2.
3.
Of all the things about you that you want to change, which changes would you want to have completed in the next six months? What makes those changes important to you – in other words, if you made the change, what would you have then that you don't have now?
1.
2.
3.
What might be at risk for you to make those changes? Usually, if there was no risk, you would have already made the change. A risk is usually something we would have to give up or a responsibility we have tried to avoid. What would be different in your life if you made the changes?
1.
2.
3.
Six months have passed; you have achieved your goals; what is different now? How do you feel?

## LIFE PLAN ASSESSMENT THE IMPACT OF SABOTAGE

Please consider the following and answer as best you can by circling the response most appropriate for you today.

# I might sabotage my efforts to build a better life for myself through:

Procrastination:	YES	NO	SOMETIMES
Insisting on being right:	YES	NO	SOMETIMES
I don't need no stinking help – going it alone; being the tough guy:	YES	NO	SOMETIMES
Tolerating situations and behaviors I know need to be changed:	YES	NO	SOMETIMES
Saying yes when I really want to say no:	YES	NO	SOMETIMES
Trying to control or manipulate people, places, and things to get my way:	YES	NO	SOMETIMES
Avoiding opportunities to say yes because I'm afraid I will fail:	YES	NO	SOMETIMES
Spending time on secondary goals that I know won't get me what I want:	YES	NO	SOMETIMES
I lie, withhold the truth, or am less than honest:	YES	NO	SOMETIMES
Avoid uncomfortable situations:	YES	NO	SOMETIMES
Won't stick with things when they are or become difficult:	YES	NO	SOMETIMES
Blame others for what is going on in my life:	YES	NO	SOMETIMES
Being selfish and/or self-centered:	YES	NO	SOMETIMES

There may be other ways you sabotage your efforts to make a better life for yourself. If there are, maybe you could share them here or maybe say more about one or more of the ways listed above. Maybe you have had some insight you want to share:

# LIFE PLAN ASSESSMENT

Following is a list of some goals/objectives/actions that many people want for themselves. To the right of the list are three columns. In the first column, rate from 1 to 5 the importance you place on that item. In the second column, write what step needs to be taker to achieve that goal/objective/action. In the third column, note who should take the action necessary.

Goal/Objective/Action Importation		ance	e	Next Step?	Who?								
PHYSICAL	1	2	3	4	5	•							
Get health insurance/Medicaid and visit doctor													
Take care of current medical needs													
Follow medication or treatment plan													
Gain access to rehabilitation services													
Take care of dental needs													
Access vision care services													
Consistent exercise and recreation													
Overall fitness and weight													
SPIRITUAL	1	2	3	4	5								
Relationship with God/Higher Power	+ -	<del>  -</del>		<u> </u>									
Relationship with religious fellowship/members													
I am comfortable with my spirituality													
I take time each day for prayer or Meditation													
I am disciplined about my spiritual practices	+												
Determine what you value and what principles, beliefs are	+												
important to you.		1											
I need to develop a spiritual sense and spiritual practices	+												
SOCIAL	1	2	3	4	5								
The reintegration process – parole/probation guidelines	1		3	+	5								
Food/meals/meal planning/Bridge Card													
Shelter/housing/mailing address													
Transportation – access to vehicle, bus, rides													
Finances – income, loans, taxes, fees, fines, tuition													
Legal assistance Personal ID card/Driver License													
Access to cell phone													
Community contactsprofessional/legal	_												
Getting out and meeting other people.	_												
Support group (AA, NA, other)	1		_	4	-								
EMOTIONAL	1	2	3	4	5								
My thoughts and feelings are well controlled													
Maintaining a positive attitude is a priority													
I see support and express my emotions in a suitable manner													
Setting priorities													
Accepting mistakes and learning from them													
Maintaining a balanced work and family life													
I cope with stress in a practical way													
Vocabulary development/management													
Make friends easily													
I am outgoing and have several friends													
Developing a healthy relationship	$\perp$												
Goal/Objective/Action	Importance		Importance		Importance		Importance		Importance		e	Next Step?	Who?
LIFE CHALLENGES CHECK	1	2	3	4	5	, ~ - <b></b>							
Employment													
Housing													
Cash – money management – bank account													
Sex													
General literacy – read, write, speak, listen													
Addictions/co-dependency													
Pending court/legal action													

#### **GOAL IDENTIFICATION**

The idea is to consider what you have reflected on and rated as important in your life. In this section, the opportunity is presented for you to identify the goals established in your Recovery Plan from your treatment. The achievement of these goals will signify your completion of your stay at Unity House. Completion of these goals will indicate your readiness to move on with your life as a valued member of the community. Each plan should be established in conjunction with your therapist upon departure from rehabilitation treatment. If you did not develop a plan upon leaving treatment, you must take the time now to develop your recovery plan. House members and the Board will assist you in development of a plan if you do not have one.

Please bring your treatment plan with you to the interview. House members are responsible for determining who will be selected to move into Unity House.