



2025

Tied For Second Sober Living Application

I am requesting Sober Living for (circle one) : Male Female

Please complete all information below. Please print all information neatly and clearly except where signature is required.

Applicant's Information:

Full Name (First/Middle/Last): _____

Cell Phone #: _____ D.O.B: _____ Social Security #: _____

E-mail Address _____

Marital status (circle): Single Married Divorced Separated

What is your current housing situation? _____

Last Known Address: _____

City: _____ State: _____ Zip: _____

Do you have in your possession (yes/no): birth certificate _____, social security card _____,
military ID _____, drivers license # _____ or state ID _____, tribal ID _____, passport _____,

Is your Driver License active (yes/no): _____

Auto: Year: _____ Make: _____ Model: _____ State: _____ License Plate#: _____

Car Insurance Provider: _____

Are you a veteran (yes/no) _____

Facebook Name(s): _____

Are you currently Employed (yes/no): If yes, where _____

Sobriety Date: _____ Meeting Attendance: _____ Sponsor: _____

Expected Duration of Sober Living: _____

How did you hear about TFS: _____

Do you have Medicaid, Snap, or SUD Voucher: _____



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What is your motivation to apply for TFS Sober Living and how will this work into your recovery plan? What are you currently doing for your recovery?

FOR OFFICE USE ONLY

Circle one: Discharge Planned Exit

Date of event: _____

Reason for discharge:

- Violation of Guidelines and Expectations
- Positive urine analysis (drugs/alcohol)
- Financial Issues, non-payment
- Walk away

NOTES:

Zack Sather 701-946-0734 Spirit White Shield 701-818-9890

Office Hours: Mon-Fri 8am-5pm

Email: tiedforsecondsoberliving@gmail.com



Emergency Contact: _____ Phone #: _____

Relationship of Emergency Contact: _____

Secondary Emergency Contact: _____ Phone #: _____

Relationship of Emergency Contact: _____

Parole & Probation Officer/Attorney Information (if applicable)

Names/Phones/Emails: _____

Legal Issues (State or Federal): Explain (add additional sheets as needed):

List any medication you are prescribed: Medical Intake will occur at acceptance into sober living.

Name: _____ Dose: _____ How often per day: _____

Name: _____ Dose: _____ How often per day: _____

Add additional pages if necessary.

*** NOTE You are 100% responsible for all your medical needs

Do you have any communicable diseases? (circle) YES NO If Yes, please describe: _____

Are you working with any agencies or other support groups? _____

Have you ever been classified as a sex offender in any state? (circle) YES NO where? _____

Explain: _____



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I CERTIFY that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and authorize TFS to exchange information regarding this application and acceptance. By signing below, I am accepting and agree to abide by the Rules and Expectations of TFS Sober Living. If I do not abide by or if I violate any of the rules and expectations set forth in this application, I understand that I may be discharged/evicted immediately with no refund. I understand that this is a *Sober Living Program*—NOT a *Tenant/Landlord Agreement* and I agree to waive my right to all eviction procedures and will leave upon discharge without argument.

Signature: _____ Date: _____

A NON-REFUNDABLE SUM OF \$400.00 DOLLARS IS REQUIRED FROM EACH APPLICANT FOR AN APPLICATION/ENTRY FEE IF PLACED IN SOBER LIVING.

Mission Statement:

The Living Sober Residence “Tied for Second” is a housing community for **living sober**. This means that you will be living in a safe and sober environment, focused on getting a job/education and maintaining your sobriety. We are a recovery-oriented residence to help you get back into the community, to successfully fulfill your goals, earn a living wage and work towards full independence.

Rules and Expectations:

-Rules are subject to change on a day-to-day basis and can and will be implemented immediately with or without notice.

General Rules:

- Must pass a urine analysis (UA) before entering the residence and allowed a bed/room.
- NO use of alcohol or any mind-altering/mood-altering drugs. If you assist, allow, or ENABLE another resident to use, you will be immediately discharged.
- NARCAN is an EMERGENCY item and placed in a central location in the house where it shall remain. Moving this item or any use other than for the intended purpose, will be considered substance abuse and result in immediate discharge.
- All doctor prescribed medication, as well as over the counter medications, MUST be disclosed and approved of prior to taking residence. Residents are responsible for their own medical conditions. TFS will not take responsibility or be liable in any way or at any time. If there is an emergency, 911 will be called and staff/residents will assist as much as possible but will not be liable or responsible for the condition or medical treatment.
- All personal hygiene products must be alcohol free (mouthwash, hand sanitizer, etc.) or subject to confiscation.
- Subject to random UA and/or breath tests upon request--Positive results or simply upon suspected use are both grounds for immediate discharge.

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- Must attend aftercare and other support groups such as AA, NA, EA, Smart Recovery or Celebrate Recovery.
- Relapse = Discharge; we are here to help, but you must be willing to keep up your promise of sobriety. TFS has adopted these rules and guidelines to create a safe, sober, and stable living environment. It is your responsibility to help keep it this way. If you know that someone is putting their own recovery at risk or the recovery of others at risk, you must report this to staff immediately. Together we must all protect the structure and integrity of our sober living community and ensure that it is safe place for all to live and thrive.
- Abusive behavior, stealing, fighting, threatening, racial or pornographic issues WILL NOT be tolerated, nor will any weapons and/or paraphernalia be allowed on the premises.
- Involvement in any illegal activities or gambling while residing at the house will result in immediate discharge
- . • No smoking, vaping, or chewing in the house at any time. There will be designated areas outside; smoke butts must be disposed of properly in an ashtray. No butts will be left outside.
- No resident can date or have romantic/sexual relationships with any other resident that lives in the same premises or in any other TFS residence.
- Residents are expected to keep the information of other residents confidential except as required by law enforcement, parole or probation and/or any violation of the TFS sober house rules and expectations.
- Residents are responsible for their own transportation. Parking will be on the street and two spaces in the driveway if applicable. Do not block sidewalks/driveways/mail boxes.
- Each resident is responsible for Monthly Program Fee in the amount of \$600 per month which is due on the 1st of each month. This program fee shall be made payable to Tied For Second in the form of cash, a cashier check, money order or ACH (venmo). \$75 late fee will be implemented and donated to Furry Friends Rescue.
- Residents are fully liable for anything that is damaged in or outside of the house and must replace it with something of equal value or pay for it along with the next rent check
- . • The recommended stay is a minimum of 6 to 9 months but can be negotiated with prior approval and or worked out TFS staff. Your sobriety is your own path.
- Personal property is your responsibility—TFS does not assume liability for any loss, theft or damage to your personal property—anything left at the residence after discharge shall be donated without prior contact or notice.
- Mail collection and distribution is your daily responsibility. You are responsible for forwarding your mail upon your discharge. All mail after discharge will be marked “Return To Sender”.
- No pets are allowed.

House Rules:

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- Must attend mandatory house meetings & group events as scheduled.
- Do not give out the door keycode to guests/friends. Please do not share the address of your home or post pictures of other guests on social media without their permission.
- No resident can change the living area decorations or rearrange any furniture, you are allowed a bulletin board to put your personal pictures, notes etc. NO additional pictures shall be hung in the bedrooms and/or any community rooms.
- No electronic devices (tvs, mini refrigerators, humidifiers, space heaters, fans, etc.) other than your cell phone/tablet are allowed in the bedrooms. TVs and appliances are provided in the common areas. DO NOT adjust the thermostat at any time.
- Visitors (family and children) and sponsors are only allowed at the house during the hours of 1 pm to 7pm, all visitors must be approved by the TFS staff and are only allowed in the common areas of the house, NO visitors of the opposite sex or overnight guests are permitted at the house.
- All residents must comply with curfew and quiet time.
 - Curfew Hours: Sun through Sat 11:00pm
 - Quiet Time starts at the curfew hours shown above and is established in order to respect other residents while sleeping.
 - Only the use of the microwave is allowed after 10:00 pm, otherwise no other cooking
 - television/phones/tablets are allowed only if kept at a volume that will not disturb other residents
- Must respect the house as well as other residents and participate in proper social interaction.
- Inappropriate or threatening behavior will not be tolerated and will result in discharge.
- All rooms must remain unlocked, and each resident is expected to maintain personal space by not entering other resident's rooms. Only TFS staff may enter your room at any time for a routine search. Routine searches will be conducted on a random basis without prior notice.
- Community fridge and pantry unless you label your items; you are expected to be respectful to other residents--if you eat another resident's food you are expected to replace it.
- Must do daily housekeeping, such as but not limited to, making your bed & keeping your room clean and tidy. Other house chores: vacuuming, dishes, taking out the garbage, mowing and otherwise taking care of the home and yard. **Take pride in your residence.**
- Your assigned house chores must be completed by you and only you prior to leaving for work/school in the morning. Bribing other residents to do your chores will not be tolerated.
- Personal hygiene/bathing daily is required as well as washing your bedding at least every two weeks & clothing after wearing as laundry facilities are provided for you—please empty pockets and do not overload machines. Do not leave laundry unattended.
- No eating or drinking in ANY of the carpeted areas of the residence. You may eat and drink in the kitchen or dining area.
- No sleeping is allowed anywhere in the house but in your assigned bedroom.



- TFS has adopted these rules and guidelines to create a safe, sober, and stable living environment. It is your responsibility to help keep it this way. If you know that someone is putting their own recovery at risk or the recovery of others at risk, you must report this to staff immediately. Together we must all protect the structure and integrity of our sober living community and ensure that it is safe place for all to live and thrive.

Work Rules:

- **RECOVERY IS YOUR 1ST JOB.**
- All residents are required to work or attend school a minimum of 30 hours per week depending on their treatment schedule.
- If your work schedule conflicts with house meetings it must be approved by TFS staff.
- Borrowing money from any other resident is prohibited.
- Residents that have employment in or go to any establishments that may serve alcoholic beverages and/or have any adult entertainment must be approved by TFS staff.
- Volunteer work such as soup kitchen is encouraged but not required, if you are interested, please contact TFS staff.

Tied for Second Release of Information

Full Name (First, Middle Last): _____

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D.O.B.: _____ Cell Phone: _____

I hereby give consent and authorize "Tied For Second" to release information and records protected by Federal Confidentiality Rules (42 CFR Part 2) to and obtain information from the following facilities:

Release Information To: _____

Obtain Information From: _____

Information to be disclosed includes the following items:

- Discharge Summary
- Progress Notes
- Chemical Dependency Evaluation
- Treatment Plan and Recommendations
- Other: _____
- Mental Health Assessments
- Any other Addiction Records
- Urinalysis Results

Information in confidential records cannot be released without my written consent unless otherwise provided in legal matters and orders. By signing below, I understand this release and give my authorization. I also understand I may revoke this authorization at any time.

Printed Name: _____

Signature: _____

Date of Authorization: _____ Expiration Date: _____

ONLY COMPLETE THIS SECTION IF YOU WISH TO REVOKE AUTHORIZATION

I revoke this authorization for release of information on this _____ day of _____ 20____.

Printed Name: _____

Signature: _____

Witness Printed Name: _____

Witness Signature: _____