A Design for Living

Recovery Residence

Commitment Statement

1. I recognize my need for a safe recovering environment and am applying for residency at A Design for Living.
2. I agree and intend on maintaining residency with A Design for Living for a minimum of 6 months. I understand this is to ensure the stability of the house and enforce a sincere desire to live a sober life. I agree to provide a 2-week notice prior to departure date.
3. I understand that I am a tenant at A Design for Living and answerable to such as landlords.
4. I agree for myself, heirs, my assigned, that should an accident occur involving personal injury to myself or loss or damage to my personal property during my residence at A Design for Living, I agree to indemnify and hold harmless the management, owners or A Design for Living, as a whole from any and all liability in connection therewith.
5. Any property left upon my departure and not claimed with in five (5) days either by myself or my authorized representative shall become the property of A Design for Living.
6. I understand my continued residency at A Design for Living is dependent on my need and willingness to work and to help myself improve my quality of life.
7. I agree to remain a drug and alcohol-free resident of A Design for Living for a minimum of six (6) months.
8. I may be subject to dismissal for willful misconduct, which is deemed harmful to the reputation and best interest of A Design for Living or it residents. Dismissal will be immediate.
9. I agree to adhere to all rules and expectations

My signature indicates I have read and understand the rules and that I am willing to make the described commitment to myself and to A Design for Living Recovery Residence.

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

*Resident Signature*

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

*Staff Signature*

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

*Director Signature*