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Template Resident Code of Conduct

As a resident of [Recovery Home Name], I acknowledge and agree to abide by the following code of conduct, which is essential for creating a safe, supportive, and recovery-focused environment within our home.

This code of conduct reflects our commitment to sobriety, mutual respect, and maintaining a harmonious community.

**Substance Use**

I agree not to use or possess illicit drugs, alcohol, or any mind-altering substances during my stay at [Recovery Home Name]. I will also immediately report any use or possession of illicit substances or alcohol of any other person on the property.

I understand that this rule is essential for maintaining a drug-free environment and supporting my recovery journey and the recovery journey of the others in my community.

**Respect and Support:**

I commit to treating all residents, staff members, and visitors with respect, kindness, and support. I understand that we are all on our unique paths to recovery, and I will do my best to contribute positively to the community.

I understand that this means that I will address all individuals by their appropriate names and pronouns and will refrain from using any vulgar, discriminatory or hateful language.

I commit to providing support to others in the recovery home. I will support others in their chosen recovery pathway and offer support to them. If I notice that anyone is struggling and needs additional help, I will bring this issue to recovery housing manager out of concern for that person.

I commit to being a good housemate to others in my community. This means that I will not use items that belong to others without asking, I will not enter their rooms without getting permission, and I will not eat food or beverages that one person has reserved for themselves. I will also keep any personal valuable items stored securely. I will ask the recovery housing manager for a safe or locker if I would like to have a safe place to store my items.

R**elationships:**

I agree not to enter into sexual or romantic relationships with any members of the staff or other residents at [Recovery Home Name]. Such relationships can compromise the integrity of the recovery program. I also commit to reporting any inappropriate relationships or behavior that I may become aware of.

**Recommendations of Health Care Providers**

I agree to implement the recommendations of all of my health care providers, including behavioral health, mental health, and physical health treatment providers. I also agree to be open and honest with all of my health care providers about my history with substance use and/or alcohol use disorder and my commitment to live in recovery.

C**urfew:**

I will adhere to the curfew established by [Recovery Home Name]. The current curfew is TIME on weekdays and TIME on weekends. I will return to the house on time unless appropriately excused by staff. Curfew compliance is essential for maintaining a structured and safe environment.

**Safety and Cleanliness:**

I commit to keeping our home safe and clean. This includes maintaining personal hygiene, taking care of shared living spaces, following the agreed upon chore chart and promptly reporting any safety concerns or maintenance issues to staff. I will also only store food in the designated areas and not in my bedroom.

**Smoking Policy:**

I will not smoke indoors. Smoking, will be done in designated outdoor areas and all cigarette butts will be disposed of in the appropriate container.

**Safety Equipment:**

I will not tamper with or disable any safety equipment or alarms within the home. This includes smoke detectors, fire extinguishers, and security systems.

**Attendance and Participation:**

I agree to attend all house meetings unless appropriately excused by staff. Active participation in meetings is essential for effective communication, support, and the overall success of our community.

I also agree to participate in required recovery support meetings and provide evidence my attendance at meetings.

I agree to maintain a relationship with a mutual aid supporter, such as a sponsor, pastor or other recovery mentor as appropriate for my chosen recovery pathway.

**Recovery Planning:**

I will actively participate in the development and implementation of my recovery plan, working collaboratively with staff to set and achieve personal goals.

**Privacy**

I agree that keeping our home safe is important. Therefore, I will not share any information that I learn about others with anyone else. This includes posting information about others or the recovery housing property on social media apps and websites.

**Weapons and Paraphernalia:**

I will not possess firearms or any items designed as weapons within the home. Additionally, I will not possess drug-related paraphernalia.

**Compliance with Policies:**

I agree to follow all other policies and protocols outlined in the resident handbook provided by [Recovery Home Name]. These policies may include rules related to visitors, medications, illicit drug and alcohol screening, and other aspects of daily living within the home. If I have questions about the policies, I will ask the house manager to make sure I understand.

**Good Neighbor**

I agree to be a good neighbor to others around me. This means that I will only park my car in this area. I will also keep noise to a reasonable level at all times and observe quiet hours after TIME. I will also keep the property in presentable condition. I will help keep the yard free from trash and debris, I will not bring indoor furniture outside, and I will not hang blankets, towels or other items on the windows. I will use all furniture and other items for their intended purpose. If a neighbor has a concern, I will bring it to the attention of the house manager promptly in accordance with the Neighbor Concerns policy.

**Consequences of Violations:**

Violations of this code of conduct may result in disciplinary actions, which can include warnings, implementation of a corrective action plan or other actions. Disciplinary actions will be determined by staff and may be documented appropriately.

If warnings and corrective action plans are not implemented, Recovery Home Name may proceed with eviction proceedings.

In cases where the health or safety of others is put at risk, Recovery Home Name may immediately begin eviction proceedings from the recovery home.

By signing below, I acknowledge that I have read, understood, and agree to abide by the Resident Code of Conduct for [Recovery Home Name].

 Updating this policy

This policy may need to be updated from time to time. In the event that an update is needed, changes will be shared with all residents and residents will be afforded an opportunity to provide thoughts and comments.

Resident Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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