



# UP AND OUT

Transitional Living, Inc.

3025 SW 10th St  
Oklahoma City, OK 73108  
(405) 937-0301

[www.upandouthousing.org](http://www.upandouthousing.org)

## PROGRAM APPLICATION

APPLICATION DATE

MOVE-IN READY DATE

FIRST NAME

M.I.

LAST NAME

SUFFIX

DATE OF BIRTH

MALE

FEMALE

PHONE NUMBER

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

### OFFICE USE ONLY

**APPROVED**

**OTHER/NOTES:**

**WAITING LIST**

**NEED MORE INFO**

**DENIED**

\_\_\_\_\_  
REVIEW DATE

## SECTION 1 - APPLICATION PACKET OVERVIEW

Thank you for your interest in the **UP & OUT TRANSITIONAL LIVING, INC.** program. Please review the entire application packet carefully and follow all written instructions.

### PROCESS:

There are **5 STEPS** necessary for applying, participating, and completing the **UP & OUT TRANSITIONAL LIVING, INC.** program:

#### 1. APPLICATION

- Application is made with **UP & OUT TRANSITIONAL LIVING, INC.** for transitional housing.

#### 2. INTERVIEW

- Approved applicants interviewed by **UP & OUT TRANSITIONAL LIVING, INC.** staff.

#### 3. APPROVAL FOR RESIDENCY

- Applicant approved for residency. New resident has initial assessment with **UP & OUT TRANSITIONAL LIVING, INC.** staff and develops a *Need-Based Action Plan*.

#### 4. RESIDENT PARTICIPATION

- Resident works to complete *Need-Based Action Plan*, participates in community life, and attends applicable life-skills classes.

#### 5. RESIDENT TRANSITION

- Resident works alongside **UP & OUT TRANSITIONAL LIVING, INC.** staff to secure stable and healthy long-term housing.

**UP AND OUT**  
Transitional Living, Inc.

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**Program Participant Signature**

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**Date**

## SECTION 2 - QUESTIONNAIRE

### CURRENT LIVING SITUATION:

Are you currently homeless? **YES NO**

If not homeless, where are you currently living?

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Have you ever lived in transitional housing before? **YES NO**

### CRIMINAL HISTORY:

Have you ever been convicted of a crime? **YES NO**

If yes, please provide details, including the nature of the offense and any sentences served.

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Are you currently on Probation or Parole? **YES NO**

### EMPLOYMENT AND INCOME:

Are you currently employed? **YES NO**

*(If yes, provide details)*

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Do you have any other source of income? (non-gov't assist.) **YES NO**

*(If yes, please describe)*

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Are you receiving any government assistance? (e.g., unemployment, disability) **YES NO**

*(If yes, please describe)*

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## SECTION 2 - QUESTIONNAIRE

### SUBSTANCE USE AND TREATMENT:

Do you have a history of substance abuse? **YES** **NO**

*(If yes, please describe)*

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Have you participated in any substance abuse treatment programs? **YES** **NO**

*(If yes, please describe)*

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### HEALTH AND MENTAL HEALTH:

Do you have any medical conditions or disabilities? **YES** **NO**

*(If yes, please describe)*

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Are you currently taking any medications? **YES** **NO**

*(If yes, please describe)*

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## SECTION 2 - QUESTIONNAIRE

Do you have any mental health concerns or history of mental health treatment? **YES NO**  
*(If yes, please describe)*

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### **SUPPORT SYSTEM:**

Do you have any family or friends who can provide support? **YES NO**  
*(If yes, please describe)*

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Are you currently involved with any community organizations or support groups? **YES NO**  
*(If yes, please describe)*

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### **LEGAL OBLIGATIONS:**

Are there any pending legal matters or court dates you need to attend? **YES NO**  
*(If yes, please describe)*

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## SECTION 2 - QUESTIONNAIRE

Are you under any restraining orders or legal restrictions? **YES** **NO**  
(If yes, please describe)

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### PROGRAM PARTICIPATION:

Why do you want to participate in this transitional housing program?

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What are your goals for the future, both short-term and long-term?

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Are you committed to following the rules and guidelines of the program? **YES** **NO**

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### EMERGENCY CONTACT:

Provide the name(s) and contact information of 1 or more emergency contact persons:

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### SECTION 3 - FEES / PAYMENT AGREEMENT

#### FEES:

(i.e.) Fees and security deposits are due on **Day 1** of your stay with **UP & OUT TRANSITIONAL LIVING, INC.** Monthly fees are then due on your **Start Day** of the following month or the following Friday. For example, if you check-in on September 15<sup>th</sup>, your next month's fee will then be due on October 15<sup>th</sup> and so on throughout your stay. Or if you are on the *week-to-week schedule*, you will be pro-rated based on your **Move-In Date**. Bed Fees will be collected every Friday. For example, you check in on a Tuesday, you will be pro-rated for the 3 days (Tuesday, Wednesday and Thursday). Fees will then be collected Friday.

#### NON-PAYMENT:

(i.e) Sober living can be an expensive endeavor when you are just starting to rebuild your life. Be sure when you decide to stay with **UP & OUT TRANSITIONAL LIVING, INC.** that you are accepting the financial responsibility to make payments on time each month/week.

**NOTE:** We will take into consideration circumstances which may delay payment on a case-by-case basis.

#### REFUNDS:

**UP & OUT TRANSITIONAL LIVING, INC.** will provide refunds to residents on a case-by-case basis. Depending on the length of stay, standing within the house, and type of departure will determine any refund.

- Good standing residents may receive a pro-rated refund amount based on the date of departure and standing.
- Residents discharged for rules violations (*Please see rules*) will **NOT** receive a Security Deposit refund or Bed Fee refund.
- Discharges from relapse will result in **NON-REFUND** of either Bed Fees or Security Deposit.

You will be committing to pay fee in the amount of \$160 per week or \$690 per month.

Fee is due by 5pm every Friday or on the \_\_\_\_\_ of each subsequent month.

Amount Due Today \$ \_\_\_\_\_

\_\_\_\_\_  
**Program Participant Signature**

\_\_\_\_\_  
**Date**



## SECTION 4 - TESTING COSTS:

- \$100 of the monthly fee is allocated for drug/alcohol testing supplies and administration.
- No extra charges will be incurred for testing services within the house.

### COST:

- \$100 refundable Security Deposit.**
- If you are kicked out for failing a drug or alcohol sobriety test you will forfeit all fees and security deposit.
- We accept **Cashier's Check, Venmo, PayPal, CashApp, Zelle, ApplePay** or **Cash**. Cash receipts will be generated upon payment.

**NOTE:** Cashier's Checks can be made payable to: **UP & OUT TRANSITIONAL LIVING, INC.**



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**Program Participant Signature**

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**Date**

## SECTION 5 - FAIR LIVING NON-DISCRIMINATION POLICY

**UP & OUT TRANSITIONAL LIVING, INC.** does not and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors.

**UP & OUT TRANSITIONAL LIVING, INC.** acknowledges that the **Fair Living Act of 1988** prohibits cities from implementing policies that exclude or discriminate against people with disabilities and requires them to make “reasonable accommodations” to allow them equal opportunity to use and enjoy living. Furthermore, alcoholism and drug addiction are considered mental and physical impairments under the Act, and individuals working through recovery are included in that protected Act.

**UP & OUT TRANSITIONAL LIVING, INC.** is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in *employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment* against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran’s status, sexual orientation, gender identity or gender expression.



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**Program Participant Signature**

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**Date**

## SECTION 6 - WELLBEING AND SERIOUS BODILY HARM

Policy on resident wellbeing, serious bodily harm and the administration of lifesaving medications to unconscious persons

### A. DEFINITIONS

1. **Lay Rescuer:** Any persons not licensed as a Medical Doctor, Dentist, Podiatrist, Registered Nurse, Advanced Practice Registered Nurse, Paramedic or Physician's Assistant in the State of Oklahoma.
2. **Unconscious Persons:** Any persons without mental capacity to give consent, make decisions, or otherwise participate meaningfully in medical treatment.
3. **Lifesaving Medication:** Any substance approved by the Food and Drug Administration for use on humans. Substance is approved for use in medical emergencies.

### B. MEDICAL ADMINISTRATION

1. Lifesaving medication may be administered to an unconscious patient by a lay rescuer in the event that lay rescuer has lifesaving medication available, lay rescuer is reasonably trained in its use and is acting in good faith.
2. The lay rescuer may administer lifesaving medication to unconscious persons if said lay rescuer reasonably assumes and unconscious person's life is in jeopardy.
3. Medications may be obtained and stored.

### C. CARE FOLLOWING ADMINISTRATION OF LIFESAVING MEDICATIONS

1. The lay rescuer must summon appropriate medical attention for any unconscious persons or previously unconscious person's in the event lifesaving medications are administered.
2. The lay rescuer must remain on the premises with any unconscious persons or previously unconscious person's until such time when a higher level of care is assumed.
3. The lay rescuer shall comply with any reporting requirements requested by any peace officer or other public health official in the State of Oklahoma. in accordance with state law.
4. **UP & OUT TRANSITIONAL LIVING, INC.** shall notify or comply with notification of the appropriate Department of Health of the death of a person who is suspected of opioid overdose.
5. Care of unconscious persons outside property limits of **UP & OUT TRANSITIONAL LIVING, INC.**
6. Care of any unconscious persons in a public place or at the scene of an emergency are subject to all Oklahoma Good Samaritan laws.

### D. DEFINITIONS

1. **Voluntary intoxication:** Shall mean intoxication caused by knowing use of drugs, toxic vapors or intoxicating liquors by person, the tendency of which to cause intoxication the person knows or ought to know, unless the person introduces them pursuant to medical advice or under such duress as would afford a defense to an offense.

## SECTION 6 - WELLBEING AND SERIOUS BODILY HARM

2. **Obvious intoxication:** Shall mean inebriated to the extent that a person's physical faculties are substantially impaired and the impairment is shown by significantly uncoordinated physical action or significant physical dysfunction that would have been obvious to a reasonable person.
3. **Serious bodily injury:** Shall mean bodily injury which involves substantial risk or death, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member organ or mental faculty.

### E. REASONABLE SUSPICION OF VOLUNTARY INTOXICATION

1. Should an employer or employee designee reasonably suspect a resident is obviously intoxicated, the employee or employee designee reserves the right to request a breath sample from the resident for a breath alcohol test.
2. Should the resident refuse to provide an adequate breath sample, the resident shall be subject to corporate policies governing this topic herein.
3. Should an employer or employee designee reasonably suspect a resident is obviously intoxicated, the employee or employee designee shall act, within the confines of employee personal safety, to prevent the resident from operating a motor vehicle, motorcycle, scooter or other comparable means of transportation. Acceptable actions include a reasonable means up to and including and contacting of emergency medical services or a peace officer.

### F. REASONABLE SUSPICION OF SERIOUS BODILY HARM

1. Should an employee or employee designee responsibly suspect serious bodily harm be imminent in any resident, employee or employer designee within the boundaries of company property, any employee shall reserve the right to contact emergency medical services.
2. Should emergency medical services be contacted, the company and its designees shall provide all relevant resident history, medical, and social documentation as requested by medical authorities.
3. Should a resident be evaluated or transported by medical provider or emergency medical services, all reasonable efforts shall be employed to maintain resident confidentiality, so long as it does not interfere with medical treatment.

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**Program Participant Signature**

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**Date**

## SECTION 7 - HOUSE RULES

### GENERAL RULES:

- ☑ **Zero Tolerance** for drugs, alcohol, and any other mind-altering substances.
- ☑ **Zero Tolerance** for stealing on or off-premise. (*Personal possessions OR Food*)
- ☑ **Zero Tolerance** for the destruction of house or residence property.
- ☑ **Zero Tolerance** for sexual activity between guests and residents on **UP & OUT TRANSITIONAL LIVING, INC.** property.
- ☑ **Zero Tolerance** for physical confrontation, verbal confrontation, threats, or taunting of staff or residents.
- ☑ Residents are required to submit to a drug/alcohol screen upon the request of the **House Manager**. Body search and visual confirmation of urination will be required.  
**NOTE: Refusal to test is considered a positive test**
- ☑ Residents will be up and out of bed by **9 AM**. (*Actively working, seeking employment, or attending meetings – Saturday & Sunday are excluded*)
- ☑ All residents must be employed, attending full-time IOP or be a full-time student. A new resident without a job or not enrolled in a program will need to secure a job within 30 days of arrival.  
**NOTE: Residents not meeting these requirements will need to attend 1 meeting a day**
- ☑ **CURFEW: Sunday – Thursday = 10 PM**  
**Friday & Saturday = Midnight**
- ☑ Residents are **NOT** allowed in bedrooms other than their own – unless the resident of that room is present.
- ☑ Any visitor found on property suspected of drug or alcohol use will be asked to leave immediately.
- ☑ Residents who have been asked to leave due to their own breach of rules will not be permitted on the property.  
**NOTE: Law Enforcement WILL be called**
- ☑ Residents **MUST** attend a mandatory **House Meeting** every **Sunday night at 7:00pm**.
- ☑ Residents **MUST** sleep in their beds every night unless prior arrangements have been made with the **House Manager**.
- ☑ Overnight passes are given at the discretion of the **House Manager**. Assigned chores must be covered during absence.
- ☑ Parking is limited to the driveway. No parking is allowed in the street for any reason without prior approval. If the driveway is full, guests can park in the street as needed. No overnight parking is allowed.
- ☑ There is absolutely no loitering or gathering in the front of the property.

## SECTION 7 - HOUSE RULES

- Residents will participate in ongoing mandatory house chores.

### SOBRIETY & FAMILY:

- All residents must **attend 3 - 12 step meetings per week, IOP or Counseling**
- Parents that are paying fees for residence will be contacted immediately upon house violations.

### COMMON AREA:

- All guests must leave the property by **9 PM**.
- Quiet time starts at **9 PM**. Loud music or excessive noise is not permitted.
- You are responsible for your guests. Clean up after them and make sure they are behaving properly.

### BEDROOMS:

- Guests are **NOT ALLOWED IN BEDROOMS** at any time and must stay within the common areas of the house.
- Residents' rooms must be kept clean. Floors / Countertops / Closets
- Residents' beds are to be made when the residents are not in the bed
- Rooms may be searched including personal property at the discretion of the house manager and leadership

Based on the principles of honesty, trust, and helping to create a safe and sober environment for all, we request any resident who knows that another resident has violated any rules of **UP & OUT TRANSITIONAL LIVING, INC.** report the behavior to the **House Manager**. Violation of house rules can result in consequences that may vary with the severity of the violation. Consequences can range from a *Consequence Chore*, to a *Temporary Discharge (72 hours)*, to *Final Discharge*. The severity of the violation and the resulting consequence is at the discretion of the **House Manager** and **Leadership Team**.

**Testing:** If tested positive for any substance you will be asked to leave the premises for 72 hours. You will be assigned a day and time to test for reentry. If you fail to show up for that testing time it is considered a fail and you will be asked to leave the house permanently. If you return to the house after 72 hours and test negative you will be given a second chance. Only one-second chance is given to any resident. Belongings of residents who do not return will be packed up and stored in the secure location for no more than 7 days. After that time, belongings will be donated to Goodwill or another charitable organization.

If at any point, it is deemed that you should no longer stay with **UP & OUT TRANSITIONAL LIVING, INC.** you will be asked to leave. If the resident refuses to leave, authorities will be called and trespassing charges will be filed.

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**Program Participant Signature**

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**Date**

## SECTION 8 - RELEASE FROM LIABILITY

I have read, understand, and accept the house rules, policies, and guidelines. If I am asked to leave, for whatever reason, I waive my right to written notice and eviction proceedings, I also acknowledge that no refunds of any fees paid will be refunded and agree to leave peacefully.

I will protect the confidentiality and anonymity of all clients of **UP & OUT TRANSITIONAL LIVING, INC.** I understand and accept that any breach of this confidentiality is my responsibility alone and **UP & OUT TRANSITIONAL LIVING, INC.** has no liability whatsoever.

I am solely responsible for my physical, emotional, and personal well-being. Additionally, I am responsible for the self-administration of my personal legally prescribed non-narcotic medications as directed by a physician. The event of a medical emergency, **UP & OUT TRANSITIONAL LIVING, INC.** will call 911 for paramedic assistance.

I understand that **UP & OUT TRANSITIONAL LIVING, INC.** is not liable for any loss or damage to personal property while a client. Upon departure from 1, I will inform the staff of my intentions and someone will observe while I pack my belongings. When moving in or out of **UP & OUT TRANSITIONAL LIVING, INC.** property, or at any time staff feels it's appropriate to do so, my property in the room is subject to being searched for drugs, alcohol, weapons, or any other form of contraband that would not be allowed in a sober living environment.

The staff of **UP & OUT TRANSITIONAL LIVING, INC.** is not responsible for my personal belongings if I am AWOL and/or discharged, the staff will bag or box my property as safely as possible and store my belongings for a maximum period of **seven (7) days**. You may retrieve your property during those seven days only by contacting staff and making an appointment to do so. I further acknowledge that **after seven (7) days**, if I have not picked up my personal belongings, **UP & OUT TRANSITIONAL LIVING, INC.** is not a storage facility and will dispose of my property in any fashion deemed necessary.

I acknowledge that **UP & OUT TRANSITIONAL LIVING, INC.** or any employee or volunteer is not responsible for any physical or mental injury sustained by myself or any guest that I may have on the premises up to and including death.

### CONSENT AND AGREEMENT:

Acknowledgment of Program Rules, Fees and Expectations.

Consent for background checks or verification of provided information.

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**Program Participant Printed Name**

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**House Manager Signature**

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**Program Participant Signature**

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**Date**