

Sober Living Rules Form

Use this form to record resident details, emergency contacts, and acknowledgment of sober living house rules and expectations.

Resident Information

Resident Full Name *

First Name Middle Name Last Name

Preferred Name / Nickname

Phone Number *

Please enter a valid phone number.

Email Address

example@example.com

Date of Birth *

Month Day Year

Current Room / Bed Assignment

Move-In Date *

Emergency and Support Contacts

Month

Emergency Contact Full Name *

First Name

Middle Name

Last Name

Relationship to Resident *

Primary Phone Number *

Please enter a valid phone number.

Alternate Phone Number

Please enter a valid phone number.

Sober Support Person or Sponsor Full Name

First Name

Middle Name

Last Name

Sober Support Person or Sponsor Phone Number

Please enter a valid phone number.

House Rules Acknowledgment

Abstinence from alcohol and non-prescribed drugs *

I agree

I do not agree

No use or possession of contraband substances *

I do not agree

Compliance with house curfew *

I agree

I do not agree

Guest and visitor restrictions *

I agree

I do not agree

Respect for quiet hours *

I agree

I do not agree

Shared-space cleanliness *

I agree

I do not agree

Participation in assigned chores *

I agree

I do not agree

Respectful behavior toward staff and residents *

I agree

I do not agree

Participation in meetings or check-ins if required *

I agree

I do not agree

Agreement to follow house management instructions *

I agree

I do not agree

Daily Living and Accountability

Chores you can regularly help with

Kitchen cleanup

Bathroom cleaning

Trash and recycling
Laundry support
Meal prep
Yard work
Other

Meal or cooking responsibility preference

Prefer to cook for myself
Can cook for the house sometimes
Would like a shared meal rotation
Need a simple meal plan
Other

Usual wake-up time

Usual bedtime

House meeting attendance expectation *

How often would you like to check in with staff

Will you report absences or overnight stays in advance? *

Yes
No
Not sure
Other

Medication and Safety Coordination

Do you have any medication storage or coordination needs? *

Yes
No

Coordination notes (optional)

Incident Reporting and Final Agreement

Preferred method for reporting concerns *

Phone

Text

In person

Email

Final acknowledgment *