

# The Bridge House: A Christian Substance Abuse Recovery Program for Men

New England Aftercare Ministries, Inc., P.O. Box 136, Framingham, MA 01704 FAX 508 302-0090

If accepted into this Program, I \_\_\_\_\_,  
agree to commit myself to the process of recovery from substance abuse in residence at the Bridge House  
Program of New England Aftercare Ministries, Inc.

**Please read an initial next to each element:**

- I agree that within 30 days I will begin to pay a \$150 weekly treatment.
- I understand that full participation in the Bridge House Program means that my work scheduled will be adjusted to ensure that I am able to be present and engaged in all aspects of this Program. This means I will not work overnight shifts and I will make sure my work schedule allows me to participate in individual and group counseling on a schedule set out by the Program.
- I UNDERSTAND THAT MY TREATMENT PLAN IS MY RESPONSIBILITY and that I will work in earnest with my counselor to build and maintain a plan that best serves my needs and leads to my recovery from substance abuse.
- My treatment plan will first and foremost deal with my addiction problems. It will include finding and maintaining employment as well as connecting with resources to help me with integrating recovery principles into my life. Depending upon my own unique needs, it may include rebuilding family ties, health objectives and/or education objectives.
- I agree at all times to be cooperative with staff and fellow residents and to cultivate a well-mannered atmosphere inside the Bridge House. I will participate in Program activities, and I will treat others as I want to be treated.
- Along with a pledge not to use mood or mind altering substances, I will refrain from foul language, and bring no pornography into the house.
- I pledge to work extraordinarily hard at my recovery and maintain a commitment to grow and mature as a man: physically, mentally and spiritually.
- I agree to abide by the established policies of the Bridge House Program, including turning in any eligible EBT benefits and upon employment (or other source of income such as SSI, SSDI, unemployment benefit, annuity or other) to pay the Program treatment fee of \$150 per week.

Signature \_\_\_\_\_ Date \_\_\_\_\_