

CONTENTS OF CONSENT TO RESIDENCY FORM
UNDER 28 Pa. Code § 717.20(a)(2)

Name of resident: _____

Statement that resident wishes to reside in the recovery house.

I voluntarily agree to reside at _____. I understand and agree that I must participate in treatment, self-help groups or other drug and alcohol recovery supports outside of this recovery house. I also understand that I am required to abstain from the use and sale of alcohol and illicit drugs.

Furthermore, I will pay my rent on time. I may discontinue residency at any time.

Signature of resident: _____ Date: _____