



**NEW LIFE USA**  
**Non-profit Organization**  
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**CONTRACT AND TERMS OF ADMISSION TO  
NEW LIFE USA  
SUBSTANCE ABUSE RECOVERY PROGRAM**

**1. PARTIES TO THE CONTRACT AND NECESSARY CONDITIONS**

This agreement (hereinafter referred to as the CONTRACT) is concluded between "New Life USA", nonprofit organization, substance abuse recovery program provider (hereinafter CENTER), represented by \_\_\_\_\_  
(position, name and surname of the employee)

and \_\_\_\_\_ (hereinafter CLIENT)  
(name and surname)

The course is based on the ABSOLUTELY VOLUNTARY DESIRE of a person who has a drug or alcohol addiction. The CLIENT must be aware that he/she has a detrimental addiction and must have a sincere desire to get rid of it. THE CENTER DOES NOT ACCEPT PEOPLE WHO DENY THE PRESENCE OF THE PROBLEM OR DO NOT WANT TO FIGHT IT.

**2. RECOVERY COURSE AND RECEPTION**

The New Life USA recovery course consists of a mandatory 15 months and 5 months of Adaptation, which is recommended for the CLIENT to go through after the completion of the main recovery stage.

The recovery program is carried out in two locations: at 12998 Piney Creek Drive, Cabool, Missouri, 65689 and at 5605 Old Victory HWY, Lovelock, Nevada, 89419, at the discretion of the Administration.

**Signature** \_\_\_\_\_

**The recovery course consists of several stages:**

- The first 5 months the CLIENT gets rid of chemical addiction, restores physical condition, and changes his/her bad habits to new life skills.
- The next 5 months of the program are devoted to physical, emotional, moral, and spiritual recovery. The CLIENT adapts to a healthy lifestyle and acquires labor and leadership skills.
- The next 5 months of Leadership training include the practical application of labor and leadership skills.
- Adaptation to life in society takes place in the final 5 months of the course.

**Upon completion of the full 20-month course, the Administration of the Center provides a CERTIFICATE of successful completion of the program.**

**Upon admission, CLIENT must bring the following items to the CENTER (reference ADDENDUM II for specifics):**

- a. 3 sets of work clothing, 3 sets of casual clothing (leisure), keeping in mind seasons of the year (winter typical lowest 10°F (- 12°C) and summer typical highest 98°F (+37°C).
- b. 20 pairs of working gloves.
- c. Prescription medication (it must not contain any narcotic substances).
- d. Personal hygiene items - 1 month of supply (addendum II to the CONTRACT)
- e. Identifying documents: Valid Government issued photo ID (will be kept in the administration strongbox).
- f. Medical certificates for: COVID-19; tuberculosis; HIV; Hepatitis A, B, C and infectious skin diseases.
- g. Mandatory medicines for first aid (Addendum II to the CONTRACT)

**3. CONTRIBUTIONS**

The recovery program in New Life USA is free, but the Center spends \$1400-1600 per month for the maintenance of one CLIENT, which includes accommodation, meals, consultations, and Bible studies. Upon admission to the program, a non-refundable entry fee of \$400 is to be paid on the day of arrival at the Center.

- If the CLIENT decides to leave early or is excluded from the program, he/she or his/her sponsors must re-pay the entry fee of \$400 for each subsequent course of the program.
- If the Client travels long distances and does not want to pay extra for baggage containing hygiene items and compulsory medicines on the first aid list, he/she must bring an amount equivalent to the market value of the items specified in the Addendum II to the CONTRACT.

**Signature** \_\_\_\_\_

#### 4. TRANSPORTATION FEE

- Transportation fee for the CLIENT to the CENTER from Rolla, Springfield (MO) and Reno (NV) is \$100, but if transportation is from St. Louis (MO), then the fee will be \$250, and is accepted by Money Order or Cashier check
- The CLIENT (or his/her sponsors) must cover the transportation fee from Center Missouri to Center Nevada himself, as well as medical and other travel expenses, the amount of which will be determined by the Administration of the Center.

#### 5. PROHIBITED ITEMS

CLIENT hereby agrees that the use, possession, and sale, of the following items is strictly prohibited during the recovery period at the CENTER:

- a. Audio and video playing devices
- b. Audio and video recording devices (radio, players, tape-recorders)
- c. Mobile (cellular) phones
- d. Personal computers
- e. Books, newspapers, and magazines
- f. Gambling accessories
- g. Jewelry and other valuables
- h. Cash, checks, credit cards, and debit cards

If the CLIENT has medical indications and it is necessary to take prescription medications (except for the narcotic containing medicine) then upon admission to the Center, medicines are given to the Administrator for preservation. The Administrator dispenses the medicine to the CLIENT at the appointed time, according to the doctor's prescription.

#### 6. RULES OF BEHAVIOR

According to the conditions of stay in the Center, during the recovery course, the CLIENT is strictly forbidden:

1. Use of cigarettes and any kind of alcohol and drugs
2. Engaging in sexual activities and any intimate relationship
3. Any form of violence, whether physical, moral, or other
4. Profanity or obscenity
5. Stealing
6. Lying and deception
7. Leaving the territory of the CENTER without authorization of the Administration
8. Disrupting the daily scheduled activities
9. Failure to participate in activities scheduled by the CENTER's associates
10. Violating Federal or State of Missouri and Nevada laws and regulations

**Signature** \_\_\_\_\_

## 7. DISCIPLINARY SANCTIONS

Failure to comply with the rules of the CENTER may result in the following disciplinary actions:

- a. two hours of penalty work before the morning rise time or after the evening lights out at the discretion of the Administrator
- b. in case of suspicious behavior of the CLIENT, the Administration has the right to conduct a drug test
- c. expulsion from the Center for a period of two weeks

## 8. RIGHT TO INSPECTION

In case of suspicion of a violation of the rules of the Center, the Administrator may authorize the inspection of the CLIENT's personal belongings in his/her presence, as well as the premises in which the CLIENT lives.

## 9. WORK AT THE CENTER

Physical work is an important part of the recovery process. The Administrator determines the workday schedule. Since the recovery program is free of charge, the CENTER is self-reliant which dictates that any necessary work is done by the CLIENTS of the CENTER without any form of compensation.

All work serves for the development of CLIENT'S professional skills, as well as providing for the vital functions of the CENTER. For the first six months of the recovery period, CLIENT 's work tasks are assigned at the Administrator's discretion. After the first six months, CLIENT's preferences in choosing different work tasks may be taken into consideration.

## 10. THE SENIOR-JUNIOR SYSTEM

Every person arriving for recovery is designated as a "junior" for a period of up to 2 months and then they become "seniors". Every "junior" has a personal "senior" who is your closest helper and friend and who has been in the program for at least 2 months. The corresponding "senior" and "junior" are stationed in the same quarters, work together, and move throughout the CENTER's territory together.

The "senior" is fully responsible for his/her "junior." If a "junior" commits a major violation of the CENTER's rules and his/her "senior" has done nothing to prevent such violation, then in the event of a decision to suspend the "junior," the "senior" may also be suspended at the discretion of the Administrator. Only the Administrator has sole authority to assign a "senior". A "junior" is not allowed to change his/her "senior" for reason of personal preference.

Exceptions are allowed in the cases of the "senior" being the one responsible for violation of the CENTER's rules and attempting to involve the "junior" in the violation. In such cases, the "junior" may be assigned a different "senior" by the Administrator.

**Signature** \_\_\_\_\_

## 11. DAY SCHEDULE

The Administration of the Center establishes the daily routine and has the right to change it at its own discretion. If it is necessary to complete work on Sunday, the day off may be canceled in whole or in part at the discretion of the Administrator.

### Monday through Saturday:

Reveille	7:00 AM
Morning Service	7:30 AM – 8:00 AM
Breakfast	8:00 AM – 8:30 AM
Work	8:45 AM – 2:00 PM
Lunch	2:00 PM – 3:00 PM
Work	3:00 PM – 8:00 PM
Dinner	9:00 PM – 9:30 PM
Evening Service	9:30 PM – 10:00 PM
Going to Sleep	10:30 PM

### Sunday – Day Off:

Reveille	9:00 AM
Morning Service	9:30 AM – 10:00 AM
Breakfast	10:00 AM – 10:30 AM
Cleaning	10:30 AM – 11:30 AM
Lunch	3:00 PM – 3:30 PM
Evening Service	7:00 PM – 9:00 PM
Dinner	9:00 – 9:30 PM
Going to Sleep	10:30 PM

**Signature** \_\_\_\_\_

## 12. NON-DISCRIMINATION CLAUSE

The CENTER does not discriminate against anyone on basis of race, religion, or sexual orientation.

## 13. SPIRITUAL RESTORATION

Spiritual growth and improvement is an important aspect of the recovery program. The CENTER invites representatives of various Christian denominations and confessions interested in helping our CLIENTS restore faith. For this purpose, spiritual meetings and conversations are held, helping to form important spiritual values in a person's life.

The CENTER offers morning and evening spiritual meetings. Attendance at the morning/evening meetings is required, however, participation is optional. Individual consultations, conversations, confessions may be provided to the CLIENT, if desired.

## 14. COMMUNICATION WITH RELATIVES DURING THE RECOVERY COURSE

LETTERS: Mail correspondence (excluding electronic mail) with friends and family members is allowed during the entire recovery period. All incoming mail without exceptions is inspected by the Administrator prior to delivery to the CLIENT. In the event of certain inappropriate information present in a letter, such as drug related content, sexual content, threats, and similar prohibited content, the letter will be destroyed. Outgoing mail (written by CLIENT) is inspected randomly by the decision of the Administrator of the Center. Any form of electronic correspondence is prohibited.

PHONE CALLS: CLIENT may not have any direct contact (phone calls, visits) with anybody including family members and friends during the first six months of the recovery period. Friends and family members may make phone calls to the CENTER to inquire about CLIENT anytime during the recovery period. The CENTER's associates will provide exhaustive information about CLIENT to them. After the first six months of the recovery period, direct contact with family members will be allowed once a month. All outgoing phone calls must be monitored by a CENTER's Associate or the Administrator.

PARCELS: Friends and family members may send unlimited parcels. Food items will be taken to the CENTER's food storage to be shared by all CLIENTS. Valuable belongings are registered in CLIENT personal file and delivered to CLIENT. Giving and exchanging of the personal belongings is PROHIBITED.

VISITS: Visits by immediate family members (spouse, parent, and children) are allowed at the 6<sup>th</sup>, 9<sup>th</sup>, 12<sup>th</sup>, 15<sup>th</sup>, and 18<sup>th</sup> months of the recovery period. CLIENT will be given two days off from the CENTER's activities to spend time with family members. Visits of friends, girlfriends/boyfriends, and other non-family members are strictly prohibited during the entire duration of the recovery program. Any exemptions from the above-mentioned rules are at Administrator's discretion.

**Signature** \_\_\_\_\_

## **15. LIABILITY FOR INCIDENTAL DAMAGES**

In the event of damage to the property of the Center caused by careless and intentional behavior, the CLIENT is directly responsible and is obliged to compensate for material damage to the CENTER in the amount equivalent to the damage caused.

## **16. LIABILITY FOR INSURANCE**

CENTER does not provide any insurance. All doctor visits and medication expenses are the sole responsibility of the CLIENT, including travel expenses. The recovery CENTER will not pay expenses related to trips associated with routine checkups and doctor visits such as cosmetic services and annual dental exams, etc., except in the case of an emergency.

## **17. COURSE TERMINATION**

The recovery program offered by the CENTER may be terminated by the parties to the CONTRACT at any time. CLIENT shall inform the Administrator about his/her decision to terminate no later than three days prior to the expected departure date. If CLIENT is expelled from the CENTER for breaking the rules, he/she must leave the territory within 12 hours in daytime. Travel costs associated with CLIENT 's departure shall be the responsibility of the CLIENT. Administrator of the CENTER may decide unilaterally to terminate the CONTRACT due to CLIENT'S lack of motivation for further continuation of the recovery course.

## **18. ADDITIONAL TERMS**

All ADDENDUMS to this CONTRACT are its integral part and any changes to it must be made in writing and signed by both parties. This CONTRACT supersedes any prior written or oral agreement between the parties.

**Signature** \_\_\_\_\_

**19. AUTHORIZED SIGNATURES**

If the parents are not familiar with the terms of this CONTRACT, their son or daughter may be denied acceptance into the recovery program. Further, if any information is withheld or misrepresented regarding physical or mental health of the applicant then the CENTER’s management reserves the right to refuse admission.

.....

CLIENT:

I, \_\_\_\_\_, have READ and UNDERSTAND the conditions of admission and the rules of the CENTER. I agree to abide by them and request to be admitted for a course of recovery.

Signature of CLIENT: \_\_\_\_\_ Date: \_\_\_\_\_

.....

PARENT OR GUARDIAN:

I, \_\_\_\_\_, have READ and UNDERSTAND the conditions of admission and the rules of the CENTER. I agree to abide by them and agree to my son/daughter’s admission for a course of recovery.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

.....

Representative person of New Life USA:

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_



**ADDENDUM I TO THE CONTRACT  
WRITTEN CONFIRMATION**

I, \_\_\_\_\_ do affirm that I have come of my own free will, or, at the direction of an applicable court, and agree with the following:

While it is understood that during my stay I may be provided with counseling, housing, and food, there is no guarantee of these services or assurance that this is to be provided in perpetuity with this program. I also understand that I may withdraw from the program at any time, but this does not include any guarantee of transportation and/or compensation in any way.

I understand and consent that the representatives of New Life USA can provide, but are not limited to future assistance, counseling, service, schedules, and requirements for the duration of the New Life USA Substance Abuse Recovery Program.

It is further understood that New Life USA, its staff, Board members, representatives, and employers assume no responsibility, in any manner whatsoever, for any injuries or losses resulting from my transportation and/or removal, stay and/or treatment.

I acknowledge that by signing this AFFIDAVIT, I release and hold harmless New Life USA, its staff, Board members, representatives, employers, and volunteers, from any and all claims, without limitation, especially those regarding transportation and/or removal, and/or stay and treatment.

I further attest that I have come of my own free will and I agree that this waiver of liability was obtained under my free will and without coercion. I also agree that if any part of this AFFIDAVIT is deemed unenforceable by any State and/or Federal statute, the remaining sections shall remain in full force.

Signature	Date
Printed Name	
Name of Parent or Guardian	Contact Phone
Witness Signature and Printed Name	Date

**Signature** \_\_\_\_\_

**ADDENDUM II TO THE CONTRACT**

**EMERGENCY CONTACTS**

Name of Father	Contact Phone
Name of Mother	Contact Phone

**PERSONAL BELONGINGS AGREEMENT  
WRITTEN CONFIRMATION**

I, \_\_\_\_\_,  
 (First name, middle name, last name)  
 ID# \_\_\_\_\_,

affirm and agree that I am required to take with me at my CHECKOUT from New Life USA Recovery Center all my personal belongings as listed below. In the event that I fail to fulfill this requirement, I hereby stipulate that the New Life USA Administration is not responsible for safe keeping or storage of said belongings.

I also stipulate that in the event of my unwarranted and self-willed leaving of the center (without conferring with the director of the center and notifying the administration), New Life USA shall not be responsible for safeguarding any documents, money, and other valuables left by me.

This list of the personal belongings brought on to the territory of New Life USA has been compiled in my presence and with my consent. In the event I leave the center, I agree to present my belongings for another inspection. I have been advised that if among my belongings is found property that has been taken illegally from the center or other persons, the administration reserves the right to report the matter to the police.

It is agreed that all personal belongings left behind upon my CHECKOUT shall be kept for one month, after which time title for those goods shall transfer to New Life USA Recovery Center and shall be transferred to the warehouse for general use.

**Signature** \_\_\_\_\_

**LIST OF PERSONAL BELONGINGS**  
**(Brought to the territory of the Recovery Center and being utilized therein)**  
**WRITTEN CONFIRMATION**

**Valuables:** \_\_\_\_\_

**Watch(s):** \_\_\_\_\_

**Camera(s):** \_\_\_\_\_

**Jewelry:** \_\_\_\_\_

**Bags/Purses:** \_\_\_\_\_

**Prescriptions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Items:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**MANDATORY MEDICINES FOR FIRST AID  
WRITTEN CONFIRMATION**

(NO NARCOTIC SUBSTANCES ARE PERMITTED, FOR EXAMPLE CODEINE IN COUGH SYRUP)	1 <sup>st</sup> course (6 months)	2 <sup>d</sup> course (6 months)	3 <sup>d</sup> course (8 months)
Painkillers tablets-FREE DRUGS (Such as: Ibuprofen, Tylenol®, Advil®)			
Tablets against fever (Such as: DayQuil®, NyQuil®)			
Tablets against allergy (Such as: Claritin®, Benadryl®)			
Tablets for the stomach (Such as: Misym®, Imodium®)			
Medical Tapes, Bandages			
Medline Gauze Bandages, Gauze Rolls			
As possible, vitamins			

**HYGIENIC ITEMS**

	1 <sup>st</sup> course (6 months)	2 <sup>d</sup> course (6 months)	3 <sup>d</sup> course (8 months)
Towels			
Bed sheets			
Washcloth			
Soap			
Bath tissue			
Toothpaste			
Laundry detergent			
Razors			
Work gloves			
Rubber gloves			
Hand lotion			
Foot lotion			
Facial lotion			

**Signature** \_\_\_\_\_

Documents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3x4 Photos: \_\_\_\_\_

I confirm that the above lists are correct: \_\_\_\_\_  
(CLIENT signature)

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

Center's Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

\*\*\*\*\*

**ADDENDUM III  
WRITTEN CONFIRMATION OF CHECK OUT**

Departure: \_\_\_\_\_  
Date Time

Property Returned: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Money for returning home issued in the necessary amount: \_\_\_\_\_

CLIENT signature: \_\_\_\_\_ Date: \_\_\_\_\_

Center's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_