



Overnight Pass Request

Resident Name: _____ Date: ____ / ____ / ____

Dates requested: ____ / ____ / ____ through ____ / ____ / ____

Time leaving: ____ : ____ A. M. P. M.

Time returning: ____ : ____ A. M. P. M.

Reason for request: _____

Contact information for person you are staying with:

Name: _____ Phone: (____) ____ - ____

Address: _____
Street Address City State Zip Code

Relationship to you: _____

List the names of anyone else who resides with this person:

ACKNOWLEDGMENT

I, (print name) _____, attest that the above information is true, and the address listed is the only location where I will stay during my pass time. I understand that I can be tested for drugs and alcohol at any time, for any reason, according to my agreement with Stepworks Sober Living. I am aware that if I test positive, refuse compliance, or attempt to cheat or circumvent the tests in any way, or if I am found to be in a location other than the one listed above, I can be evicted from Stepworks Sober Living and required to leave the premises immediately. My signature below indicates my understanding and consent.

DRUG SCREEN

When I return, I will meet a Sober Living team member and provide a drug screen at the following time:

Date: ____ / ____ / ____

Time: ____ : ____ A. M. P. M.

Resident Signature: _____ Date: ____ / ____ / ____

House Manager: _____ Date: ____ / ____ / ____

Office Use Only: Approved Denied

Approval Date: ____ / ____ / ____

Denial Date: ____ / ____ / ____

Manager Initials: _____

