



## Application

| Applicant Information   |                               |            |                 |
|---|-------------------------------|------------|-----------------|
| Name:   |                               |            |                 |
| Date of birth:  | SSN:                          | Phone:     |                 |
| Last Address:   |                               |            |                 |
| City:   | State:                        | ZIP Code:  |                 |
| Age:  | Gender:                       | Race:      | Marital Status: |
| Referring Agency:   | Counselor:                    | Contact #: |                 |
| Date of discharge:  | Education:                    |            |                 |
| Financial Resources   |                               |            |                 |
| Are you currently employed?   |                               |            |                 |
| Are you able to hold onto 35 hours per week of employment?  |                               |            |                 |
| Do you currently have a valid picture ID required for employment (non-expired driver license or non-driver ID)?           |                               |            |                 |
| If NO, explain steps you are taking to get one:   |                               |            |                 |
| Have you ever served in the military? Which branch?   |                               |            |                 |
| Are you on any state assistance (i.e. SAGA,SSI,SNAP, Medicaid)?   |                               |            |                 |
| Do you have health insurance? Which type?   |                               |            |                 |
| EMS/Client ID number:   |                               |            |                 |
| What is your source of income?  |                               |            |                 |
| Emergency Contact   |                               |            |                 |
| Name:   |                               |            |                 |
| Address:  |                               |            |                 |
| City:   | State:                        | ZIP Code:  | Phone:          |
| Relationship:   |                               |            |                 |
| Legal Issues  |                               |            |                 |
| Any legal issues past or present? If yes, briefly explain and list nature of offenses:                                    |                               |            |                 |
|   |                               |            |                 |
|   |                               |            |                 |
| Do you have any restraining orders, protective orders, DCF involvement, or special stipulations? If yes, briefly explain: |                               |            |                 |
|   |                               |            |                 |
|   |                               |            |                 |
| Family  |                               |            |                 |
| Please list any children, spouse or significant other in your life currently:   |                               |            |                 |
|   |                               |            |                 |
| Do you have dependent children? If yes, how many are in your custody?   |                               |            |                 |
|   |                               |            |                 |
| Psychiatric/Medical History   |                               |            |                 |
| Drug(s) of choice:  |                               |            |                 |
| Date(s) of last use:  | Longest period of abstinence: |            |                 |
| Previous Treatment History:   |                               |            |                 |

Have you ever been treated for a psychiatric condition (i.e. depression, anxiety, bipolar disorder, psychotic behavior, schizophrenia)? If yes, please explain:

Do you think you need to be? Please explain:

Do you currently take any medication for a psychiatric condition? If yes, please list the medication being taken, the dosage, and the prescribing doctor:

Are you currently on any medications to control drug/alcohol urges (i.e. methadone, suboxone, subutex, antabuse, etc.)? If yes, what medication and strength are you currently taking?

Have you ever seriously thought of, planned, or attempted suicide? If yes, please explain:

Do you have any medical or physical complications (i.e. HIV, Hep C, MRSA, diabetes, hypertension, etc.)?

Do you have any allergies (i.e. food, drugs, animals, bee stings, etc.)?

Have you had a PPD (tuberculosis) test done within the past 3 months? Positive or negative?

Why would you like to come here?

Guest should, if possible, bring their own:

- Bath towels and toiletries
- Laundry soap
- At least a 30-day supply of any prescription medications and/or renewable prescriptions

I attest to the fact that I have read all the material on this application, have answered each question honestly and want to achieve a comfortable recovery from alcoholism and drug addiction without relapse. I also acknowledge that I have read and agree to the house guidelines provided.

Signature of applicant:

Date:

Witness

Date:

## HOUSE GUIDELINES

1. Absolutely NO Alcohol or Drug Use (prescribed controlled substances & MAT program per case)
2. No Stealing.
3. No Fighting, Threatening, or Illicit Materials.
4. I agree to find and work with a sponsor, attend AA/NA meetings along with aftercare
5. I agree to find work within 2 weeks and maintain employment. If on Disability, and unable to work, I agree to volunteer a minimum of 20 hours per week.
6. I agree that I am not allowed to bring a vehicle on the premises unless registered and insured.
7. I agree to keep my room clean and orderly.
8. I agree to do house chores inside or outside.
9. I agree that there is NO smoking in the house, only outside in designated areas.
10. I agree to follow the curfew as set by the house manager and staff.
11. I agree that no overnight guest will be allowed. No persons allowed in rooms except tenants who share room. No sexual relations with any client or staff. No visitors for first 30 days except immediate family. After that, only 3 visits per week and visitors must leave premises by 9:00pm weekdays, 10pm weekends. In house visits with children must be discussed with all house residents and approved by house manager and staff.
12. I agree that there will be no outside overnight stays in the first 30 days unless approved by house manager.
13. I agree to attend weekly house meeting as set by the house manager and staff.
14. I agree to retrieve my belongings and personal effects no later than 72 hours after I leave the premises and, if discharged, no monies will be refunded.
15. I agree to submit to a drug screen upon request or allow iop, counselor program to share results.
16. I agree to maintain compliance to all medications prescribed by a licensed physician.
17. I agree that there will be no lending or borrowing of money between clients or staff.
18. I acknowledge that payment is due every Friday by 6:00pm and agree to keep payment current.

***NOTE: Non-compliance to any of these rules will result in immediate discharge.***

---

***Signature***

***Date***