

Application For Safehouse Sober Living

To become a resident in a Safehouse you must contact the individual house, schedule an interview and be accepted. You may print this application and bring it with you.

1. Print Name (Last, First, Middle)			3. Date of Birth		
			Month	Day	Year
2. Present address (Street) Check if treatment facility			4. Phone Where You Can Be Reached		
			Home ()		
City	State	Zip	Work ()		
5. Are you an Alcoholic? Yes No <input type="checkbox"/> <input type="checkbox"/>		6. Date of Your Last Drink?	9. List drugs you used addictively:		
7. Are you addicted to drugs? Yes No <input type="checkbox"/> <input type="checkbox"/>		8. Date of last drug use?			
10. When did you attend your first recovery meeting?			11. How many recovery meetings do you now attend each week?		
12. Do you want to stop drinking alcohol and using addictive drugs? Yes No <input type="checkbox"/> <input type="checkbox"/>			13. Are you employed? Yes No If "yes" who is your employer? <input type="checkbox"/> <input type="checkbox"/>		
14. Are you getting welfare or other non-job related income? Yes No If "yes" what? <input type="checkbox"/> <input type="checkbox"/>			15. If you do not have a job will you get one? Yes No If "yes," what job plans do you have? <input type="checkbox"/> <input type="checkbox"/>		
16. What is your monthly income right now? \$ _____			17. What do you expect your monthly income to be next month? \$ _____		
18. Marital status [Check One] Married, Never Married Separated Divorced <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			19. Do you have a medical doctor? Yes No If "yes" list the doctor's name and phone number: <input type="checkbox"/> <input type="checkbox"/>		
20. Have you ever been to a treatment facility for alcoholism and/or drug addiction? Yes No If "yes" list the treatment provider, phone number and primary counselor, if any. <input type="checkbox"/> <input type="checkbox"/>			21. Do you take prescription drugs? Yes No If "yes" list drugs and reason the drug has been prescribed. <input type="checkbox"/> <input type="checkbox"/>		
Please complete page two of this application.					

22. Date of move in? Immediately Other If "other" list the date you would want to move in, if accepted, and why the date is in the future rather than immediately. Date: _____ Reason: _____

23. Have you ever lived in a sober living house before?
 Yes No If "yes," provide the name and location of the house below and answer question 24.

24. [Answer this question if the answer to question 23 was "yes."] I left the previous sober living house for the following reason: [check one]
 relapse, voluntarily, other reason(s) _____
 I owe money to the sober living house I left: Yes No

25. Emergency Telephone Numbers. [List family doctor, if you have one, + two family members or friends]

Name and Address 1-2-3-	Relationship	Telephone

26. I realize that the Safehouse to which I am applying for residency requires the following:
(A) all residents are prohibited from using any alcohol or illegal drugs, (B) any resident who violates such prohibition will be expelled, (C) all residents will equally share household expenses including the monthly lease payment, and (D) democratic decision making will be utilized within the group including inclusion in and expulsion from the group. In accepting these terms, the applicant understands that these conditions are different than the normal due process afforded by some local landlord-tenant laws.

27. Use this space for additional relevant information:

28. I have read all of the material on this application form including the limitations set forth in item 26. I have also answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse.

SIGNATURE: _____ DATE: _____

FOR USE BY SAFEHOUSE

ACCEPTED NOT ACCEPTED • MOVE IN DATE _____ • MOVE OUT DATE: _____
 HOUSE KEYS RETURNED YES NO • OUTSTANDING DEBT TO HOUSE \$ _____ DATE REPaid _____