

12-Step Sober Living

Application for Residence

| Legal Name | NameDate of Birth | | | | | |
|---|--------------------------|--------------|--|--|--|--|
| EmailPhone_ | | | | | | |
| Current Address | | | | | | |
| | | Zip | | | | |
| Date of last use: | Drug of c | choice | | | | |
| Date you need a bed | | | | | | |
| How do plan on paying for sober living ? | | | | | | |
| Do you have any legal issu | ues ? | | | | | |
| If yes, please describe | | | | | | |
| Do you have any current medical conditions? | | | | | | |
| If yes, please explain | | | | | | |
| Please list all medications | (prescription and over t | he counter) | | | | |
| Are you currently in treatm | nent? | | | | | |
| Expected discharge date_ | | | | | | |
| Treatment Facility | Contact | phone number | | | | |
| Emergency contact | | | | | | |
| Name | | | | | | |
| Relation | | Phone | | | | |
| Address | | | | | | |
| | | | | | | |

| 1.Why are you applying for sober living? | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| 2. We have a zero-tolerance policy on substance use. We conduct random Breathalyzers and urine drug screening, you have up to two hours to complete test, if a test is avoided or refused, it will be considered an admission of guilt and you will be discharged immediately. What are your thoughts about this policy? | | | | | |
| | | | | | |
| | | | | | |
| 3. Mission House requires its residents to be active in a 12 step program, work the steps, and obtain a sponsor. What are your thoughts about this policy? | | | | | |
| | | | | | |
| 4. Residents are required to work, volunteer or go to school for 32 hours per week. Residents are also not to work over 45 hours per week, recovery needs to be your focus not money. Will you have a problem with this policy? | | | | | |
| | | | | | |
| 5. Your first thirty days in the house are a trial period to see if we are a good fit for you, and that you are a good fit for the house. What are your feelings about this policy? | | | | | |
| | | | | | |
| 6 The curfew for the first thirty days is 9 pm, after thirty days it extends to 10 pm Overnights are granted on a case by case basis after 30 days. What are your feelings about this policy? Will this be a problem for you? | | | | | |
| | | | | | |
| 7. We require a three month minimum commitment, will this be a problem for you? | | | | | |
| | | | | | |

| 8. Rent is \$750.00 a month and includes all utilities, internet, Netflix, bathroom and kitchen supplies. The total move in cost is \$1250.00. This amount includes the first months rent, a \$400.00 refundable security deposit and a one-time move in fee of \$100.00. Failure to pay rent when due without making prior arrangements is a cause for discharge. How do you plan on paying this? |
|--|
| 9. We respect healthy long-term relationships. Are you currently in a relationship? Does this person use substances? If you are not currently in a relationship will you agree to not enter a new relationship while in the house? Romantic relationships within the house is prohibited and will lead to discharge? What are your feelings about this policy? |
| 10.We are not equipped to take women with eating disorders, self-harm, sexual acting out or serious mental health issues. If you partake in any of these activities you will lose your bed. Do you struggle with any of these issues presently? |
| Have you struggled in the past with these behaviors? |
| 11. Disruptive behavior by any resident will not be tolerated. These behaviors include verbal or physical altercations. Destruction of property, theft, dishonesty, or disrespect will lead to immediate dismissal. Residents will also be held legally and financially responsible. What are your feelings about this policy? |
| Do you have any final thoughts or concerns? |
| Please attach or send a photo of a current ID. Thank you |
| SignedDate |

| | | |
|------|------|--|