

Panacea Healthcare Housing Membership Application

Phone: 502-699-2885

Fax: (502) 699-2890

Email: Panacehealthcarellc@gmail.com

1. Complete Application and Submit form
2. Schedule a time to complete pre-screen/intake Assessment
3. After review is completed, arrange time and date of arrival

Please note: An acceptance letter will be issued only after the completion of the above process.

NAME: _____

DATE OF BIRTH: _____

Social Security Number _____

Drivers licenses Number: _____ STATE: _____

Phone#: _____

Email Address: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____

ADDRESS: _____ City _____ State _____ Zip _____

CONTACT PHONE#: _____

Recovery Information

How long have you been sober? _____ Drug(s) of Choice _____

Which 12 step meetings do you attend? (AA, NA, CA, etc): _____

Sponsor Name and Phone#: _____

Are you taking MAT? If so circle one, Methadone Suboxone Vivtrol Sublocade

Resident Information

Have you ever lived in a Sober Living home? Yes No

If yes, which one? _____

Do you have any pending charges? Yes No

Are you involved in any legal action? Yes No

Are you on probation or parole? Yes No

Are you required to register as a sex offender? Yes No

Have you ever been convicted of arson? Yes No

Felony? Yes No How many? _____

Member Dues must be paid on or within two weeks after arrival. Requested

Move-in Date:

Source of income:

Salary (Weekly/Month!:

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Important Notice: Panacea Sober Living is a recovery residence that requires expulsion, without prior notice or refund of fees or member dues, of any resident member who is found to be: **1) using alcohol or drugs; 2) engaging in disruptive behavior; or 3) in default of payment of weekly membership fee.** All resident members of Panacea Sober Living are members of our recovery home. You do not have renter's or tenants' rights under the Kentucky Property Code and expressly waive any such requests in exchange for membership privileges.

I have read the above notice and understand that I am applying for membership in Panacea Sober Living as a member of a recovery home. I agree to abide by the responsibilities and requirements of the house and fully subject myself to the rules of the home, which include periodic/random drug testing. I understand that I am subject to immediate expulsion from the home if any of the following occur: **1) I use alcohol or drugs (other than prescribed medications); 2) I engage in disruptive behavior (continued patterns of irresponsible behavior are considered disruptive behavior); 3) I fail to pay my weekly membership fee.**

I understand that if I leave voluntarily without notice, I will be subject to paying any unpaid fees, damages, or fines for which I am responsible. If I give under 30 days' notice or am expelled from Panacea Sober Living, I understand that I will still be held accountable for the damages I have caused. If I pay weeks in advance and do not give a 30-day notice, all membership fees will be forfeited.

By signing below, I certify that the information contained in this application is accurate. I have read and understand the Panacea Sober living house rules and policies. I understand and accept the above conditions for membership to Panacea Sober Living and agree to abide by said conditions should I be selected as a member resident.

Signature: of Applicant _____

DATE: _____

TO BE COMPLETED AT TIME OF INTERVIEW

The membership application was reviewed with the applicant and he/she acknowledged the IMPORTANT NOTICE and requirements for membership in Panacea Sober Living set forth above. The applicant has reviewed the Panacea Sober Living house rules.

SIGNATURE of Owner _____

DATE: _____

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To be completed upon arrival as a member resident. I have received a copy of the house rules and policies. I understand that failure to follow the rules and/or responsibilities may result in monetary fines and/or expulsion from Panacea Sober Living. In the event of expulsion, I understand that any fees/deposits paid to the house will be forfeited.

NAME of RESIDENT MEMBER: _____ **(Please Print)**

SIGNATURE: _____ **DATE:** _____

SIGNATURE of owner _____ **DATE:** _____