



Resident Application

To be accepted into United House Ministry, Inc, an applicant must complete all pages of this application. Carefully read the application and honestly answer the questions. Living in United House is a privilege and by understanding the value, it will help you in the maintenance of your sobriety without relapse and your successful reintegration.

1. Print Name (Last, First, Middle)	2. Date of birth (Month, Day, Year)
3. Present Address (Number, Street, City, State, Zip)	4. Phone where you can be reached:
() Check if treatment facility, prison, or jail	Check if # provided is Home: () Cell: () Work: () Family/Friend: ()
5. Are you an alcoholic? () YES () NO	6. Date of last drink:
7. Are you addicted to drugs? () YES () NO	8. Date of last drug use:
9. List the drugs you have used addictively:	10. Do you want to stop drinking alcohol and using drugs? () YES () NO
11. Where are you coming from? () Prison () Jail () Shelter () Treatment Facility () Detox () Church () Nonprofit referral () Other	12. Please list all criminal convictions:
13. How long were you incarcerated and how many times:	14. Are you: () on Probation () on Parole () a Registered Sex Offender
15. If unemployed, are you willing to seek and obtain employment: () YES () NO	16. What are your plans for employment?
17. What is your current monthly income?	18. What do you expect your monthly income to be next month?

19. What is your marital status? () Never married () Married () Separated () Divorced	20. Do you have a medical doctor? () YES () NO
21. What is the name of your doctor?	22. What is your doctor's phone number?
23. Have you ever been to a treatment facility for alcoholism or drug addiction?	24. If you've been to a treatment facility in the past, list the treatment provider, their phone number, and primary counselor.
25. Do you take prescription drugs: () YES () NO	26. List all prescription medications you currently take and reason for taking:
27. Approximate date you plan to move into the United House:	28. If not immediately, list the reasons why:
29. Emergency Contact Info: <u>Name</u> <u>Phone</u> <u>Relationship</u> 1. _____ 2. _____ 3. _____	30. Use this space for any other relevant information:

United House is not equipped for physical mobility issues.

I have read all of the material on this form. I have also answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse and transition to self-sufficient living.

Signature:	Date:
Read and initial each items below:	
_____ United House is not responsible for death or injury that may occur in any United House.	
_____ United House is not responsible for any theft or damage to personal property.	
_____ If you are asked to leave or choose to leave, you have 48 hours to pick up your belongings. Said items will be donated to a charitable institution such as Mission Arlington after 48 hours.	

Return mail to:
Intake Coordinator
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