

**DANNY’S HOUSE**

**SOBER LIVING HOUSE FOR WOMEN**

**45 W. Upsal Street**

**Philadelphia, PA 19119**

**(267) 277-2609**

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**dannys-house.org**

**APPLICATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Soc Sec #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sober Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Longest time sober: \_\_\_\_\_\_\_\_\_\_\_\_\_ When: \_\_\_\_\_\_\_\_\_\_ How stayed sober: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Personal belongings LIMIT: 2 large trash bags & 1 box, or 3 suitcases
* Preference is given to applicants who have completed long-term treatment, a halfway house program, or 3 months of IOP with all neg. UDS.

**Probation (*Blackout)* Period**

Danny’s House has a 30-Day Probation (*Blackout)* Period to determine if Danny’s House is a good fit for you.

During probation *(blackout*) period you need prior permission to leave house. With prior permission, you will be allowed to go to:

* Job Interview
* Work
* 12-step Meeting with another resident or within the neighborhood from an approved list
* IOP

All new residents must do a 90-in-90, attend outpatient treatment, meet sponsor every week in person, do written stepwork 4x/wk, job search, pay $100 a week for rent ($40 to utilities and supplies/$60 rent), follow all house rules. No car use allowed. No medical appointments. To get off probation/blackout the following is required:

* 30 days, and:
* working a strong recovery program
* work/volunteer 24 hours for 1 week
* completion of Probation checklist

There is a 7 pm curfew for 2 weeks after probation period ends.

**I understand the rules of Danny’s House 30+ probation/blackout period. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Past drug & alcohol and psychiatric treatment:

Facility When? Length of Stay?

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Legal Convictions

Conviction Year Probation (P) Length/or Incarceration (I) Length/Where

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Current Probation/Parole? Yes No If yes, County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Until: \_\_\_\_\_\_\_\_\_

Past work history:

Employer / Job title When worked

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Current Medications:

Medication Name Dosage

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Diagnoses – Psychiatric and Medical:

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1. What changes have you made in treatment to leave your addiction life and live a life in recovery?
2. What changes do you still need to make?
3. Describe your relationship with your sponsor, and how and how often you interact with your sponsor.
4. What Step are you working on and how are you working on it?

4. How many 12-step meetings do you attend each week? What do you get out of meetings?

1. How often do you share at 12 step meetings? What are the benefits of sharing for you?
2. Danny’s House believes in the power of a sober support network. We do not permit isolating in your room. We require that you build a sober support network of housemates. How will you support and spend time together to support the recovery of your fellow residents?
3. If you are not currently working, what steps will you take to get a part-time job? Be specific.
4. Are you willing to pay $100 a week in rent ($40 utilities and supplies/ $60 rent) and save 10% of income after rent payment into a person high yield savings account? ($60 rent possibly refunded upon leaving)
5. Where do you hope to be in 2 years?

Include recovery, family, education, employment, housing in your answer.

1. Danny’s House is a non-profit 501c3 organization with a mission to help woman in need to maintain their sobriety and gain self-sufficiency. In order to determine that you are in need, please provide the following information:

If you are employed:

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Typical week’s take-home pay: \_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assets owned:

Total cash on hand: $ \_\_\_\_\_\_\_\_

Checking account balance: $ \_\_\_\_\_\_\_\_

Saving account balance: $ \_\_\_\_\_\_\_\_

Car value: $ \_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_

Financial support:

Describe the financial support you now receive from family and friends, etc.:

Food stamps/month: $ \_\_\_\_\_\_\_\_

SSI or SSD: $\_\_\_\_\_\_\_\_\_/month

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_/month

List debts owed: Monthly Payment:

Court fees and fines: $ \_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_

Credit card balances: $ \_\_\_\_\_\_\_

Bank overdrafts: $ \_\_\_\_\_\_\_

School Loans: $ \_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_

Application, Psych Eval, BioPsychoSocial, Medication List, Counselor letter, Authorization to Release Information to: [Rachel.dannyshouse@gmail.com](mailto:Rachel.dannyshouse@gmail.com), Tiffany.Dannyshouse@gmail.com Questions: Call (267) 277 -2609