**Application for The Lotus Recovery House, LLC.**

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| **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  | **6.** Date of Your Last Drink?  | **9.** List drugs you used addictively:  |
| **7.** Are you addicted to drugs? Yes No  | **8.** Date of last drug use?  |  |
| **10.** When did you attend your first AA or NA meeting?  | **11.** How many AA/NA meeting do you now attend each week?  |
| **12.** Do you want to stop drinking alcohol and using addictive drugs? Yes No  | **13.** Are you employed? Yes No If “yes” who is your employer?  |
| **14**. Are you getting welfare or other non-job related income? Yes No If “yes” what?  | **15.** If you do not have a job will you get one? Yes No If “yes” what job plans do you have?  |
| **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  | **19.** Do you have a medical doctor? Yes No If “yes” list the doctor’s name and phone number:  |
| **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.  | **21**. Do you take prescription drugs? Yes No if “yes” list drugs and reason the drug has been prescribed.  |

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| **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.** Emergency Telephone Numbers. [[List family doctor, if you have one, + two family members or friends]  |
| Name and Address 1- 2- 3-  | Relationship  | Telephone  |
| **I** realize that **The Lotus Recovery House, LLC** (A) prohibits all residents from using any alcohol or illegal drugs, (B) may expel any resident who violates rules. In accepting these terms, the applicant excludes herself from the normal due process afforded by local landlord-tenant laws**.** **The Lotus Recovery House, LLC CANNOT ACCEPT SEX OFFENDERS.**The cost to become a resident at The Lotus Recovery House, LLC **$700.00 (NON-Refundable);** This includes the four weeks rent. Thereafter rent must be paid a minimum of one week in advance ($175.00) per week. ***Our priority is recovery****; please discuss any financial difficulties with staff.* |
| **Social Security #\_\_\_\_\_- \_\_\_\_\_- \_\_\_\_\_\_****Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Legal Issues:****Name of Probation/Parole, CRO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **I have read and understand all of the material on this application form. I have also answered each question honestly. I want to achieve recovery from alcoholism and/or drug addiction. I am willing to work an active 12-step program of recovery by getting a sponsor, going to NA meetings and working the steps of recovery. I agree to follow the guidelines set forth by The Lotus Recovery House, LLC.****SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |