

SafeHaven



Firm Ground for Your Steps

(REVISION 4/2023)

RESIDENCY APPLICATION

This application is subject to an approval or denial, if granted approval a bed at one of our facilities will be available for a period of time. Failure to confirm and accept approval will forfeit your acceptance and will result in loss of acceptance.

Each question **MUST** be answered. If it does not apply then please write N/A(not applicable). Failure to answer all questions may result in the rejection of your application.

Additional Information may be obtained by checking out our website. There is also a fillable Application online:

www.safehavensoberhomes.com

4855 MacCorkle Avenue, SW
South Charleston, WV, 25309
(304)853-3869 Main Office
(646)839-2999 Fax
-Home Office-

Name: _____ Date: _____

Age: _____ Birth date: _____

Gender: _____

Height: _____ Weight: _____ Race: _____

Marital Status: _____ SSN: _____

Current Residence: _____

Personal Cell Phone Number: _____

Current Facility: _____ Number: _____

Are you receiving Social Security: _____ Date of Check: _____

Do you have a Photo ID? _____ Type of ID: _____

Do you have a Copy of your Social Security Card: _____

Do you have a Active Food Stamp Card: _____

Do you have a Medical Card: ID# _____ Carrier: _____

Do you have a Medical Marijuana card: _____ State: _____

Do you have a High School Diploma or GED: _____

Where did you Graduate:

College: _____ Vocational School: _____

Job Skills:

Medical/ Psychiatric History

Psychiatric History: _____ Facility Name: _____

Where: _____ Date of Admission: _____

Date of Release: _____ Contact number: _____

Reference Name: _____

Reason for Admission: _____

Have you ever attempted Suicide? _____

Date of Last Physical Exam: _____

Current Medical Conditions: (including Hep C, AIDS, HIV positive, etc...)

List of Current Medication:

What is your current emotional status? _____

Alcohol/Drug Treatment Programs/Houses

Facility Name: _____ Contact Number: _____

Date of Admission: _____ Date of Release: _____

Detoxification: _____ How many Days: _____

Reason for Leaving: _____

Have you ever attended an AA Meeting? _____

Have you attended an NA Meeting? _____

Alcohol/Drug History

Are you an Alcoholic? _____ Date of Last Drink: _____

Are you a Drug Addict? _____ Date of Last Use: _____

Seizures? _____ History of DT's? _____ Blackouts: _____

	YES or No	Date of Use
Marijuana		
Cocaine		
Heroin		
Meth		
Molly		
Pain pills		
Xanax		
Kolonopin		
Acid		
Spice		
Crack		
PCP		
MDMA (Ecstasy)		
Ketamine		
LSD		

Ect: _____

Longest period of Sobriety?

Do you have the Desire to Stay Clean?

Legal History:

Probation/ Parole: _____ Reason: _____

P.O Name: _____

P.O Number: _____

County: _____ Time Remaining: _____

Convicted Felon? _____ Reason: _____

Date of Conviction: _____

Convicted as a Sexually Oriented Sex Offender or Sexual Predator?

Convicted of Arson? _____ Violent Crime: _____

Do you need a WVARR Certified Program? _____

Open CPS Case: _____ CPS Worker: _____

County of CPS Case: _____

What is your Financial Plan to pay for the house rent and purchase living essentials?
Are you also able to pay for your first 2 weeks or first month? (Bi-Weekly \$260 or
Monthly \$560)

Any other statements you would like to make:

SAFEHAVEN REQUIREMENTS & CONDITIONS:

- First month you're on a probation period where you are required to have 5 NA/AA meetings a weekly until you gain verifiable employment ,you must be employed and stay employed, you will not be permitted to take any passes, you will be put on a gps monitor, you must attend all therapy sessions, and house meetings.
- 6 MONTH MINIMUM COMMITMENT TO OUR SAFEHAVEN SOBER HOME PROGRAM. By signing I am agreeing to the conditions and terms of SafeHaven Sober Homes. I understand that I must remain at SafeHaven until completion of the program or I am otherwise discharged.
- Any money accepted toward residency will be used toward incurred rent however, should you not come to SafeHaven a fee of \$250.00 will be charged against any deposit held for you by SafeHaven.

Signature of Applicant:

X_____

Date_____

Disclosure Regarding Back Ground Investigation

SafeHaven Sober Homes (“ the company”) may obtain information about you from a consumer agency for employment purposes. Thus, you may be subject to a consumer report. The consumer report may contain information regarding your criminal history, and/or history, motor vehicles records(driving records) and may also contain other background information about you. As such, the consumer report may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Acknowledgement and Authorization Regarding
BackGround Investigation

I acknowledge receipt of the following documents: DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and ADDITIONAL STATE LAW NOTICES. I certify that I have read and understood these documents.

I hereby authorize the obtaining of "consumer reports" about me by SafeHaven Sober Homes("company") at any time during the application process and throughout my stay, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency administrator, state and federal agency, institution, school or university information, service bureau, employer, or insurance company to furnish any and all background information requested by SafeHaven Homes 4855 MacCorkle Ave, SW, South Charleston,WV, 25309.

I agree that a facsimile ("fax") electronic or photographic copy of this Authorization shall be as valid as the original.

Printed Name: (First, Middle, Last):

Signature: _____

Date _____