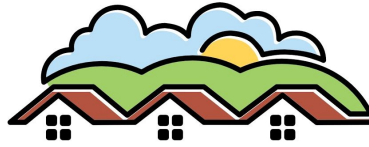


SafeHaven



Firm Ground for Your Steps

RESIDENCY APPLICATION

This application is only an application and is subject to approval. If granted approval a bed at one of our facilities will be made 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 to you then please write N/A (not applicable). Failure to answer all questions may result in a rejection of your application.

Additional information may be obtained by checking out our website at:

www.safehavensoberhomes.com

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

Name: _____ **Date:** _____

Current Residence: _____

Current Phone: _____ **Other Contact:** _____

Referral Source: _____

Age: _____ **Date of Birth:** _____ **Marital Status:** _____

SSN: _____ **Race:** _____ **Gender:** _____

Do you Have a Photo ID? _____ **Type of ID?** _____

Have you been a resident of our houses before? _____ **When:** _____

Education Completed: _____

Why have you chosen our House?

Referred By: _____ **Agency:** _____

Contact Name: _____ **Contact Number:** _____

MEDICAL/PSYCHIATRIC HISTORY

Date of Last Physical Exam: _____

Psychiatric History?: _____

WHERE: _____

WHEN: _____

REASON FOR ADMISSION: _____

CURRENT MEDICAL CONDITIONS: (Including HepC, AIDS, HIV positive, ect...)

CURRENT EMOTIONAL STATUS:

LIST ALL CURRENT MEDICATIONS & FOR WHAT THEY ARE FOR

HAVE YOU EVER ATTEMPTED SUICIDE? _____

ALCOHOL/DRUG TREATMENT PROGRAMS/HOUSES

WHERE: _____ **WHEN** _____

HOW LONG: _____

DETOXIFICATION: _____ **WHEN** _____

HOW LONG: _____

ARE YOU CURRENTLY IN AN ALCOHOL/DRUG TREATMENT PROGRAM? _____

WHAT IS YOUR EXPECTED DATE OF RELEASE?: _____

BEEN TO AA? _____

BEEN TO NA? _____

ALCOHOL/DRUG HISTORY

ARE YOU AN ALCOHOLIC? _____ **DATE OF LAST DRINK:** _____

ARE YOU A DRUG ADDICT? _____ **DATE YOU LAST USED:** _____

SEIZURES? _____ **MARAJUANA?** _____ **BLACKOUTS:** _____

HISTORY OF DT'S? _____ **COCAINE?** _____ **HEROINE:** _____ **METH:** _____

LIST OF ANY OTHER DRUGS AND DATE LAST USED:

LONGEST PERIOD OF PREVIOUS SOBRIETY? _____

EDUCATION

HIGH SCHOOL OR GED? _____ **COLLEGE?** _____

VOCATIONAL SCHOOL? _____

WHERE DID YOU GRADUATE: _____

DEGREES/CERTIFICATES:

JOB SKILLS: _____

**ARE YOU RECEIVING ANY FORM OF FINANCIAL ASSISTANCE
(PAYCHECK/UNEMPLOYMENTS, SOCIAL SECURITY)?**

WHAT IS YOUR TYPE OF ASSISTANCE: _____

LEGAL HISTORY

LIST ALL PENDING CHARGES

PROBATION/PAROLE? _____ **REASON?** _____

P.O NAME: _____

P.O. NUMBER: _____

TIME REMAINING: _____

CONVICTED FELON? _____ **REASON?** _____

CONVICTED AS A SEXUALLY ORIENTED SEX OFFENDER OR A SEXUAL

PREDATOR? _____

CONVICTED OF ARSON? _____ **VIOLENT CRIME?** _____

OPEN CPS CASE? _____ **CPS WORKER:** _____

COUNTY OF CPS CASE: _____

DO YOU HAVE A DESIRE TO STAY CLEAN? _____

**WHAT IS YOUR FINANCIAL PLAN TO PAY FOR THE HOUSE AND PURCHASE
LIVING ESSENTIALS?**

ANY OTHER STATEMENTS YOU WOULD LIKE TO MAKE:

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 (minimum 6 months) or am otherwise discharged.

SIGNATURE OF APPLICANT

DATE

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Safehaven Sober Homes (“the company”) may obtain information about you from a consumer agency for employment purposes. Thus, you may be the subject of a “consumer report”. The consumer report may contain information regarding your criminal history, and/or 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 understand those 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 or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Safehaven Sober Homes, 4855 MacCorkle Avenue, 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: _____