

Application for Residence – Butterfly Moments, Inc.

A sober living community for Veterans

We are currently accepting applications from veterans in recovery. Anyone applying to live in the apartments must read and sign up for the Addiction Recovery Program services and submit this completed application prior to interviewing and must be able to document a minimum of 90 days sobriety and/or have successfully completed a residential treatment program. A nonrefundable application fee of \$35 must be remitted to submit an application. Application will be processed upon payment. Submission of application fee does not guarantee acceptance or approval into recovery housing.

PERSONAL INFORMATION					
Print Your Full Name				Date of Birth	Age
Phone		Email			
Social Security #		Marital Status	Current Living Situation		
Current Address			City	State	Zip
Own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year/Make/Model			License #	
Valid Driver License? <input type="checkbox"/> Yes <input type="checkbox"/> No	State	Driver License #			
RECOVERY INFORMATION IF NO DRUG/ALCOHOL HISTORY-NOT QUALIFIED					
Have you used alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you used drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Use	Drug(s) of Choice		
Currently/recently in treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Location of Facility				
Did you complete successfully? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Date	Name of Counselor (Please sign attached release form, if we can contact)			
How do you plan to stay clean and sober?					
Who referred you to Butterfly Moments, Inc? (Name, Relationship & Phone, Radio, VA Resource, etc)					
Do you attend 12-step meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how often?			Do you have a sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you lived in a recovery house before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Location of House			When/How long?	
Why did you leave there?					
Why do you want to live at the Butterfly Moments Apartment Housing? (WILL YOU ATTEND AND SUPPORT RECOVERY COMMUNITY PROGRAMS)					

EMPLOYMENT INFORMATION				
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name & Location of Employer		Job Title	How long employed?
Current Monthly Income	What other types of work have you done?		Special Skills/Training	
If No, How long since last employed?	Are you willing/able to get a job within 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing/able to be self-supporting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Please submit a copy of your DD214 for proof of service or VA card for verification)				
Will someone else be helping you pay rent or deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name/Relationship		Phone
Street Address			City	State Zip
LEGAL INFORMATION				
List Pending Charges/Cases/Warrants				
Ever been incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	When/How Long?	Reason	Name & Location of Facility	
Currently on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Office			
Name of Probation Officer		Contact Phone	Are you a registered sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List Felony Convictions				
MEDICAL INFORMATION				
List All Medical/ Psychiatric Conditions			List All Current Medications	
Describe Any Injuries/Disabilities				
Describe Physical Limitations Resulting from Disabilities				
Name of Physician			Name of Insurance Provider/Group ID – (Please submit proof of insurance)	
Are you receiving MAT-Suboxone, Subutex, Methadone, Vivitrol, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No			Physician Prescribing	
EMERGENCY CONTACTS (LIST TWO)				
Name		Relationship	Phone	
Street Address			City	State Zip
Name		Relationship	Phone	
Street Address			City	State Zip
I have read and agree to all house rules, and I swear every word of this application is true. (Signature required)				