

This Transition/Recovery Residence offers Level II support in a monitored facility that has house rules to provide structure and includes peer run groups, drug testing, house meetings, and participation in treatment services and/or self-help meetings. Our residence is provided in a single family home located at

_____. It is democratically run based on a handbook and policies & procedures. We have a paid House Manager that helps manage the house and provide guidance and support. Residents are encouraged to also participate in available recovery support services in the community.

JaVinci's Angels requires that its residents have been in recovery for at least 30 days before moving into the residence. In addition, all residents are expected to commit to providing peer support for other residents, participate in recovery planning with peers and/or community supports such as outpatient counseling and/or self-help groups and confirm that recovering in a housing environment with a House Manager and Peer Support as opposed to a more intensive treatment environment is their preference.

Resident Evaluation/Application		
Peer:	Today's Date:	Time:
Desired Move-in Date:	Reason for Move:	
Applicant Name:		
Date of Birth:	Phone:	
Current Address:		
City:	State:	Zip Code:
Own or Rent:	Monthly Payment or Rent:	How Long at this address?
Previous Address:		

City:	State:	Zip Code:
Own or Rent:	Monthly Payment or Rent:	How Long at this address?
Where have you lived for the past 6 Months:		
<div>Identification:</div> <div> <input type="checkbox"/>Valid State I.D. <input type="checkbox"/>Valid Driver's License <input type="checkbox"/>Social Security Card </div> <div> <input type="checkbox"/>Birth Certificate <input type="checkbox"/>Convicted of a Violent Crime? <input type="checkbox"/>Convicted of a Sexual Offense? </div> <div> <input type="checkbox"/>SNAP Benefits? </div>		
<div>Marital Status</div> <div> Married Separated Divorced </div> <div> Widowed Registered Partnership </div>		
Do you have Children: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who is caring for them:
Level of Education:	<input type="checkbox"/> Veteran?	<input type="checkbox"/> Pregnant?
Who referred you to us?		
Recovery and Substance Use History		

Have you been a resident of the [residence name] before?

☐ Yes ☐ No If Yes When:

When is the last time you used drugs?

Have you sought services for a substance use disorder in the past? ☐ Yes ☐ No

If yes, please list all:

Where:

When:

Length of Stay:

Where:

When:

Length of Stay:

Where:

When:

Length of Stay:

Substance Use History:

Drug of use:

Last Use:

How Much:

Method:

Drug of use:

Last Use:

How Much:

Method:

Drug of use:

Last Use

How Much:

Method:

Alcohol Use ☐ Yes ☐ No

If Yes, How Much:

How Often:

Probation Parole/Court/Legal Issues

Pending Charges or Legal
Issues: ☐ Yes ☐ No

If yes, please explain:

Upcoming Court Dates: ☐Yes ☐ No

If yes, please explain:

Do you report to a Probation Officer ☐Yes ☐No

Name/Phone:

Felony Conviction in the past 3yrs: ☐Yes ☐No

If yes, please list:

Emergency Contact and Health Information

Emergency Contact:

Relation:

Parent ☐

Spouse ☐

Sibling ☐

Friend ☐

Other ☐

Address:

Phone Number:

Please List any Medications you are currently taking:

How Long:

Mental Health Symptoms or Conditions: ☐Yes ☐ No – If yes, please explain?

Have you attempted Suicide in the past: ☐Yes ☐No

If yes, how many times?

Did you have a specific plan?

Were you under the influence at the time:☐Yes ☐No

When was your last attempt?

Employment/Income

What is your source of income?

Amount per month:

Employer (if applicable):

Length of time on job (if applicable):

Do you have a savings account?

Do you have debts? If so, what do you pay monthly?