



Building the possibility of recovery through unity, action, and hope.

A women's sober living residence

800 W. Taos Hobbs, NM 88240

Contact us at

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APPLICATION FOR 12 MONTH PROGRAM

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Date of Birth: _____

Public Defender/Lawyer (if applicable): _____

Caseworker (if applicable): _____

Relationship Status: _____ Children: ☐Yes ☐No

If yes, how many? _____

Emergency Contacts:

Name and Relationship: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Name and Relationship: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Name and Relationship: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Have you ever lived in Hobbs, NM? ☐Yes ☐No

Do you have a hard copy of your social security card? ☐Yes ☐No

Do you have a hard copy of your birth certificate? ☐Yes ☐No

Do you have a **valid** Drivers License or Photo ID? ☐Yes ☐No

In order to help you with your recovery we need to know about your addiction(s).

Please answer the following questions as honestly as possible.

1. Are you an alcoholic, addict, or both? ☐Alcoholic ☐Addict ☐Both
2. How old were you the first time you were drunk and/or high? _____
3. Please check all those that you have abused:

☐Marijuana ☐Alcohol ☐Amphetamine ☐Methamphetamine

☐Benzodiazepines (Xanax) ☐Opiates (Heroin, etc.) ☐Methadone ☐Oxycodone

☐Fentanyl ☐Inhalants (Glue, Paint, etc) ☐Cough Syrup ☐Mouthwash ☐Antidepressants

☐MDMA (Ecstasy) ☐Other: _____
4. When was the last time you drank and/or got high?

5. Have you lied or stolen to be drunk and/or high? ☐Yes ☐No
6. Have you ever been hospitalized for an overdose? ☐Yes ☐No

If yes, When? _____
7. Have you been in rehab or a recovery home before? ☐Yes ☐No

If yes, please explain: _____
8. Have you been to jail or prison due to drinking or using drugs? ☐Yes ☐No

If yes, please explain: _____
9. Have you ever worked a 12-step program? ☐Yes ☐No
10. What is your longest period of sobriety? _____
11. Are you willing to attend 12-step meetings and work the steps with a sponsor?

☐Yes ☐No

12. Are you willing to be completely sober? ☐Yes ☐No
13. Are you willing to be a part of the sober community? ☐Yes ☐No
14. Are you willing to participate in ALL Unity House meetings? ☐Yes ☐No
15. Are you willing to be HONEST with staff in ALL affairs? ☐Yes ☐No
16. Are you willing to make a residency commitment to Unity House? ☐Yes ☐No
17. Are you willing and physically able to work? ☐Yes ☐No
18. Are you willing to work to pay for your stay? ☐Yes ☐No
19. Are you willing to have your belongings searched upon arrival? ☐Yes ☐No
20. DO YOU WANT TO BE COMPLETELY SOBER? ☐Yes ☐No
21. ARE YOU WILLING TO DO WHATEVER IT TAKES TO BE AND STAY SOBER?
☐Yes ☐No
22. What do you expect to happen from being clean and sober?
- _____
- _____
- _____
23. What are you hoping to accomplish at Unity Recovery House?
- _____
- _____
- _____
- _____
24. List THREE areas of your life you would like to work on while at Unity Recovery House.

1.

2.

3.

Signature of Applicant

Date

THE FOLLOWING QUESTIONS PERTAIN TO YOUR PHYSICAL HEALTH

Do you have any of the following:

1. Physical health issues (including any allergies)? ☐Yes ☐No

If yes, please explain in detail:

2. Mental health issues? ☐Yes ☐No

If yes, please explain in detail:

3. Are you currently taking any prescribed medications (including medical marijuana)?

ALL medication will be taken in front of a staff member or authorized party.

☐Yes ☐No

If yes, please list all medications, frequency, and what it treats:

4. Is there a possibility you could be pregnant? ☐Yes ☐No

5. Are you willing to submit to a physical upon arrival at Unity House? ☐Yes ☐No

Signature of Applicant

Date

THE FOLLOWING QUESTIONS PERTAIN TO INSURANCE

1. Applicant Income: \$ _____
2. Income Frequency: ☐Weekly ☐Bi-Weekly ☐Monthly ☐Annually
3. Source of Income: (*Check all that apply*)

<input type="checkbox"/> Wages/Salary	<input type="checkbox"/> Veterans Disability Payment	<input type="checkbox"/> Retirement-Social Security
<input type="checkbox"/> Child Support	<input type="checkbox"/> Private Disability Payment	<input type="checkbox"/> Retirement Pension-Private
<input type="checkbox"/> Alimony	<input type="checkbox"/> Public Assistance-TANF	<input type="checkbox"/> Veterans Pension
<input type="checkbox"/> Disability	<input type="checkbox"/> Public Assistance-General	<input type="checkbox"/> Non-Employment Cash Income
<input type="checkbox"/> Disability-SSI	<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> None
<input type="checkbox"/> Disability-SSIDI	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Other
4. Received income verification: _____
5. Marital Status: ☐Never Married ☐Married ☐Separated ☐Divorced ☐Widowed ☐Significant Partnership
6. Insurance Type:

<input type="checkbox"/> Uninsured	<input type="checkbox"/> MC (Medicaid/MassHealth/MBHP)
<input type="checkbox"/> MP (Medicare-Over 65-some disabled)	
<input type="checkbox"/> VA (Veterans Administration)	
<input type="checkbox"/> HM-HMO (Private HMO-through employment or client)	
<input type="checkbox"/> CI (Private Insurance-Through employment or client pay with no subsidy)	
<input type="checkbox"/> OT (Other-Includes state subsidy-Connect Care/Health Safety Net)	
7. If you have additional insurance coverage, complete the following. If not, skip to the next section.

<input type="checkbox"/> MC (Medicaid/MassHealth/MBHP)
<input type="checkbox"/> MP (Medicare-Over 65-some disabled)
<input type="checkbox"/> VA (Veterans Administration)
<input type="checkbox"/> HM-HMO (Private HMO-through employment or client)
<input type="checkbox"/> CI (Private Insurance-Through employment or client pay with no subsidy)
<input type="checkbox"/> OT (Other-Includes state subsidy-Connect Care/Health Safety Net)

vvNot Required if Uninsuredvv
8. Insurance Company Name: _____
9. Policy Number: _____
10. Is this your Primary Insurance? ☐Yes ☐No

THE FOLLOWING QUESTIONS PERTAIN TO LEGAL ISSUES

1. What are your current charges (if applicable)?

2. Have you ever been arrested or convicted of a sexual crime? ☐Yes ☐No

3. Have you ever been arrested or convicted of a violent crime? ☐Yes ☐No

4. Do you have warrants in New Mexico or any other states? ☐Yes ☐No

If yes, please explain: _____

5. Do you have charges pending in any other states? ☐Yes ☐No

6. Are you currently on FELONY probation or parole? ☐Yes ☐No

7. Are you affiliated with any gang activity? ☐Yes ☐No

Why do you want to come to Unity House?

THE PURPOSE OF UNITY HOUSE IS TO HELP YOU RECOVER FROM DRUG AND/OR ALCOHOL ADDICTION. **EVERYTHING** WE DO CENTERS AROUND SOBRIETY. IF YOU WANT TO CHANGE YOUR LIFE AND WILL DO WHATEVER IT TAKES TO BE SOBER, WE ARE OFFERING YOU AN OPPORTUNITY TO CHANGE YOUR LIFE.

Signature of Applicant

Date

HOUSE RULES

1. ABSOLUTELY NO ALCOHOL AND DRUG USE!
2. Be honest about EVERYTHING.
3. Complete your commitment.
4. NO fighting of any kind.
5. NO curfew violations.
6. NO cell phone use during the orientation period.
7. NO vehicle uses during the orientation period.
8. MUST work a 12-step program with a sponsor.
9. MUST attend ALL required meetings DAILY.
10. MUST attend ALL morning and night readings.
11. MUST participate in ALL functions.
12. MUST participate in ALL household chores.
13. MUST hold a full-time job for the duration of your stay.
14. MUST participate in community service activities.
15. MUST be law-abiding.
16. MUST wake up on time.
17. MUST attend the 7-day orientation period.
18. MUST follow any other program rules.

BY SIGNING BELOW, I AM PROMISING THAT

☐ I HAVE BEEN HONEST THROUGHOUT THIS APPLICATION.

☐ I HAVE READ AND AGREED TO THE HOUSE RULES.

☐ I UNDERSTAND THAT I CAN BE TERMINATED FROM UNITY HOUSE FOR GIVING FALSE ANSWERS.

☐ I UNDERSTAND THAT I CAN NOT HOLD UNITY HOUSE RESPONSIBLE FOR ILLNESS OR INJURY.

☐ THE DECISION TO RESIDE AT UNITY HOUSE HAS BEEN MY DECISION AND I AM TRYING TO FIND A NEW WAY OF LIFE WITHOUT DRUGS AND/OR ALCOHOL.

☐ I UNDERSTAND THAT I WILL BE TERMINATED IF I USE ALCOHOL AND/OR DRUGS.

☐ I UNDERSTAND THAT I WILL BE TERMINATED IF I CONSORT WITH PEOPLE WHO USE ALCOHOL AND/OR DRUGS.

☐ I WILL SUBMIT TO ANY AND ALL DRUG TESTING.

☐ IF I LEAVE UNITY HOUSE WILLINGLY, I WILL OWE THE REMAINING BALANCE OF FEES.

Signature of Applicant

Date