



A Sober Collective (SoCo)

Application for Residency

Thank you for your interest in joining SoCo, a community committed to supporting your journey to sobriety. Please complete the following application thoroughly and honestly. Your information will be kept confidential.

Personal Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender: _____

Race: _____

Phone Number: _____

Email Address: _____

Current Address: _____

Driver's License State and Number: _____

Desired Entry Date (MM/DD/YYYY): _____

Planned Exit Date (MM/DD/YYYY): _____

Recovery Information

Are you currently in a recovery program? Yes No

If yes, please describe your current program and how long you've been involved:

Date of Sobriety (MM/DD/YYYY): _____

How long have you been using alcohol and/or drugs? _____

Do you identify as: Alcohol Addict Only Drug Addict Only Both

List all drugs you've used in the last 5 years:



Have you lived in a sober living home before? Yes No

If yes, where and when? _____

What are your goals for sobriety over the next 6-12 months?

Do you have a sponsor? Yes No

If yes, please provide their name and contact info:

Will you be attending treatment while in SoCo? Yes No

Legal and Health Information

Are you currently on probation or parole? Yes No

If yes, please provide details and contact information for your officer:

Probation Officer Name & Number: _____

Attorney Name & Number: _____

Are you required to register as a sex offender? Yes No

Have you ever been charged with a sex crime? Yes No

Are you currently incarcerated? Yes No

Do you have any outstanding warrants or pending charges? Yes No



Do you have any medical conditions that require ongoing treatment? Yes No

If yes, please explain:

Are you currently taking any prescribed medications? Yes No

If yes, please list them:

Are you pregnant? Yes No

Do you have any mental health diagnoses we should be aware of? Yes No

If yes, please explain:

Lifestyle & Living Information

Do you smoke cigarettes or use tobacco products? Yes No

Do you have steady employment? Yes No

If yes, where? _____

How are you supported financially? _____

Do you require financial assistance for rent or program fees? Yes No

If yes, please explain:



Employment Status: Full-Time / Part-Time / Unemployed

AA/NA Sponsor Name & Contact:

Counselor Name & Contact:

Doctor Name & Contact:

References

Please list two references we may contact (professional or personal):

1. Name: _____
Relationship: _____ Phone Number: _____
2. Name: _____
Relationship: _____ Phone Number: _____

Emergency Contact

Name: _____
Relationship: _____
Phone Number: _____

How Did You Hear About SoCo?

Personal Statement

In a few sentences, please share why you feel SoCo is the right fit for your journey at this time:



Agreement & Signature

By signing below, I agree that the information provided is true and complete to the best of my knowledge. I understand that providing false information may disqualify me from residency at SoCo.

Applicant Signature: _____

Date: _____

Thank you for applying! We will review your application and get in touch with you soon.

If printed, please email to contact@asoco.org