

A Residential Half-way House for Recovering Men
545 Floyd Street, Corydon, IN 47112
Fax: 812-738-3706 Phone: 812-738-3179

Resident Application

Please complete **all** questions. **This is a 6 month commitment** that will require genuine effort from you.
After completing the application please call HNB at 812 738-3179 to schedule an appointment with the director.
You must bring your completed application to your appointment.

If you are incarcerated or it is not possible for you to phone HNB, then please forward your application via mail or fax. It is your responsibility to follow up with your application to verify acceptance. If you are accepted and placed on our waiting list and want to remain on our waiting list, please call daily to demonstrate your willingness to participate in your own recovery. If incarcerated please call or write once per week. If the phone is not answered, leave a voice mail message.

Please also sign and complete the attached Consent Form and Criminal History Check Form.

Full legal name _____ S.S.N. _____

Reason for application _____

Date of Birth _____

Home phone _____ Cell phone _____ Work phone _____

Home address _____

City, State, zip code _____

Biological/Step family

Father's name _____ Mother's name _____

Step/foster parent's _____

Are your parents still living? _____

How many siblings and/or step-siblings do you have? _____ siblings _____ step-siblings

Are you the oldest, middle, or youngest child? _____

How would you describe your relationship with your father, even if he is dead?

How would you describe your relationship with your mother, even if she is dead?

Who are you closest to in your family and why?

Who in your family uses drugs and or alcohol?

Have you or anyone in your family ever been physically, emotionally, or sexually abused?

Have you ever physically, emotionally, or sexually abused anyone?

Current Family

Marital status () single () married () separated () divorced () widow how long?

Spouse's name

Do you have children?

Names and ages

How much contact do you have with your child(ren)?

In a few sentences, describe how you believe alcohol or drugs has affected you and your family life.

Educational and Employment History

Last grade completed in school _____

Do you have _____ a High School diploma _____ GED

Do you have plans for more education?

Current Employer _____

Phone _____

Address _____

Title or occupation _____

Hourly wage or salary _____

Hire date _____

Work schedule ____night shift ____evening shift ____day shift ____swing shift

How many times have you been fired from a job?

Do you want a job?

Are you self-employed? Estimated annual income?

Are you on ____disability ____SSI ____retirement/pension

If you are presently employed ,what is your annual income?

Financial History

Do you have a budget?

Do you want one?

What debts or financial amends do you owe? List in order of importance.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Other Income

Do you receive any military pay or pension?

Do you have a savings or checking account?

Are you behind on child support?

Do you receive unemployment benefits or workmans compensation?

Please list any valuables or cash on hand;

Do you receive payment from social security ,insurance policies; retirement funds; pensions or disability?

Addiction History

What is your longest period of abstinence?

Why do you think so few people, 1 out of 36 according to statistics, stay clean and sober?

List all street drugs you have used both past and present.

List **all** over the counter and prescribed medications that you currently take.

Do you enjoy drinking alcohol?

Do you enjoy smoking pot?

Have you ever snorted, shot, smoked, or popped pills?

What is your favorite method of getting high? How often?

What is the date of the last time you drank, snorted, injected, smoked, ingested, huffed or otherwise used any substance to alter your perception of reality? Be specific about the substance used, how it was used and the date you used it.

In a paragraph or two describe your earliest memory of using alcohol or drugs. Include who you were with, how you felt, and what happened?

Have you ever received treatment for alcohol or drugs?

List the facility names.

What do you know and feel about Alcoholics Anonymous/Narcotics Anonymous?

Please list 5 reasons you use alcohol or drugs. Be as honest as possible.

1.

- 2.
- 3.
- 4.
- 5.

List 3 pressures or reasons that are driving you to the HNB.

- 1.
- 2.
- 3.

Do you want to stay clean and sober?

Who will support you in your recovery journey?

Legal History

List **all** felony and misdemeanors you have **ever** been charged with.

List all arrests.

How many of your arrests have been alcohol or drug related?

Are you court ordered?

Are you on probation or parole?

List name and phone number of probation or parole office.

Have you ever committed violent offenses?

List.

Have you ever committed sexual offenses?

List.

Physical and Mental Health

Family doctor

Do you have health insurance?

List any current conditions or medical problems.

Is there a history of mental illness in your family?

Have you ever been referred or sought counseling for yourself or someone in your family?

Where?

Did it help?

What do you believe about therapy?

Have you ever seen a psychiatrist?

Have you ever been diagnosed as () borderline or anti-social personality disorder ()bi-polar
() schizophrenic () clinical depression

Spiritual and Religious History

Do you or have you ever attend(ed) church or religious services?

Denomination?

Do you feel your life has a purpose?

What gives your life meaning?

Do you believe in a Higher Power? Why or why not?

How do you feel about religion?

How do you feel about spirituality?

What is your first memory of a spiritual or religious experience? Perhaps it was in the woods or at church-or maybe with grandma on the back porch, or witnessing a sunset? Did you share this experience with anyone? How did you feel? Do you long for this experience?

Psychosocial History

Is it difficult to be yourself around others?

Who is in control of our life today? Explain.

When you are around authority figures do you feel you have to give in to them all the time?
Why?

Do you feel pressure to defend yourself when you are around authority figures?
Explain.

Do you feel trapped by financial and legal pressures.
How?

Emergency Contact

Name

Relationship _____

Home phone _____ work _____ cell/other _____

Home address _____

City, State, Zip _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are complete and true. I understand that if I am accepted, I must read the House of New Beginning's rules and agree to those entrance conditions. I also agree to submit to drug/alcohol screenings or test anytime requested. All expenses owed to the House of New Beginnings must be paid on time. I will hold the House of New Beginnings and Harrison County free from all liability for through fire, theft, personal injury while a resident of the House of New Beginnings at 545 Floyd Street, Corydon, IN 47112. Any false statements, omissions, other misrepresentations made by me on this application may result in my immediate dismissal.

Print Name _____

Signature _____ Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Please submit all 6 pages to House of New Beginnings after you have signed the application. Thank you.

EXIT INFORMATION FOR OFFICE USE

Admittance () approved () denied Date _____ By _____

Comments _____

Graduation Date _____

Sponsor _____

Home group _____

Work _____

Work phone _____

Comments _____

Contact numbers _____

Termination Record _____

Departure date _____

Reason _____

Work record in the house _____

Work record outside of the house _____

General attitude towards house and AA _____

Other comments _____

House of New Beginnings, Inc.

Criminal History/Driver Record Check Authorization & Request Form

I am applying to be a resident of The House of New Beginnings, Inc. I understand and authorize HNB to perform a Criminal History Check as well as a Driver Records Check as part of the application process. I further acknowledge that on the application I have already disclosed all information that may be reported back on these reports. I understand that depending on the position(s) I work in, periodic or additional criminal history checks and driver record checks may be required and I authorize these future updates as long as I remain a resident at HNB. I have also been informed by HNB that my application is contingent on the information contained in these clearance checks and could be rescinded if I have failed to properly disclose to them on my application.

To Be Completed by Applicant:

Date_____ Printed Name_____

SSN_____ Signature_____

Address_____

Date of Birth_____ Race_____ Sex_____

Driver's License Number_____ Case Number_____