Resident Application

**Resident Information**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Middle Name Last Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth Age Marital Status**

**Current Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:** \_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Other Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If applicable, name of the treatment center, institution or facility released from:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A release of information with the above facility must be signed by you, has this been completed?** ☐Yes ☐No ☐Not Applicable

**Financial Information**

**Are you capable of paying rent?** ☐Yes ☐No

**How will rent be paid?** ☐Self ☐Friend/Family

**Currently employed?** ☐Yes ☐No

**Capable of working/volunteering?** ☐Yes ☐No

**If employed, where**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Length of Employment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Must sign a Release of Information with contact information.***

**Chemical Use History / Legal Involvement**

**Sober Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Drug of Choice?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can you pass a drug test today?** ☐ Yes ☐ No

List types of drugs used/abused in the past 12 months

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**# of DWI's:** \_\_\_\_\_ **| # of Lifetime Possessions:** \_\_\_\_\_\_\_\_ **| # of Lifetime Assaults**\_\_\_\_\_\_\_\_\_

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

***If yes, what crime and when?*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been convicted of arson?** ☐ Yes ☐ No

***If yes, what crime and when?*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check one:** ☐None ☐Probation ☐Parole ☐Pre-Trial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State & County**

**Parole/Probation Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parole/Probation Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical & Mental Health**

**Are you under a physician’s care?** ☐ Yes ☐ No | **Doctors Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mental Health Care?** ☐Psychologist ☐Psychiatrist ☐ Therapist

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Psychiatric diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ever attempted suicide?** ☐ Yes ☐ No **Ever thought of suicide?** ☐ Yes ☐ No

**Prescribed Medications:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_\_ **Zip** \_\_\_\_

**Agreement Statement**

***All lines must be initialed by the participant for application to be accepted***

I have a clear understanding of all expectations outlined in the lodging agreement **\_\_\_\_\_\_\_\_\_\_\_\_.**

I understand I must be active in treatment, working or volunteering while a resident **\_\_\_\_\_\_\_\_\_\_\_\_.**

I will commit to at least 6 months of residency **\_\_\_\_\_\_\_\_\_\_\_\_.**

I will abide by all house policies outlined in the lodging agreement which I have signed **\_\_\_\_\_\_\_\_\_\_\_\_.**

I will not use drugs, alcohol or any other mood-altering substances \_\_\_\_\_\_\_\_\_\_\_\_.

I have not used any drugs for the 60 days prior to scheduled admit date **\_\_\_\_\_\_\_\_\_\_\_\_.**

I will attend the mandatory weekly house meeting \_\_\_\_\_\_\_\_\_\_\_\_.

I will complete all household chores assigned each week by House Manager \_\_\_\_\_\_\_\_\_\_\_\_.

I will only smoke in the single outdoor designated smoking area \_\_\_\_\_\_\_\_\_\_\_\_.

Any personal property left at the home after I vacate will be donated or disposed of \_\_\_\_\_\_\_\_\_\_\_\_.

I understand that **Addiction Health Center** is not liable for loss or theft of my personal property \_\_\_\_\_\_\_\_\_\_\_\_.

I will treat everyone in the house, neighbors and staff with courtesy and respect \_\_\_\_\_\_\_\_\_\_\_\_.

I will be law abiding and may be discharged for any legal violation \_\_\_\_\_\_\_\_\_\_\_\_.

I understand visitors are only allowed on **Sundays, between 12PM-4PM**, unless discussed with House Manager and Treatment Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***By signing or typing your full name below you agree that all information provided is true and accurate to the best of your knowledge. You also agree that you have a clear understanding of each initialed box above***.

*Signature Date*

*The undersigned understands and acknowledges that the above marked house is an alcohol and drug free property managed by Addiction Health Center. The undersigned resides in the capacity of a participant sharing house space and not as a tenant with rights or possession of space exclusively. Additionally, the participant understands that he/she waives any landlord/tenants' rights as outlined under Minnesota Chapters 504B.0001 - 504B.471 and may be discharged at any time for violation of this agreement. The undersigned is responsible for all residential fees during the course of participation. The undersigned participant agrees to be a part of, and abide by the policies and rules set by Addiction Health Center. The undersigned agrees to vacate the shared accommodation when cardinal, listed rules are violated. The following program policies are to be observed by all participants. These policies have been set forth by Addiction Health Center to maintain a clean, safe, and healthy living environment for those in recovery and to those who are willing and ready to change their lives and transition back into society. Any infraction of these program policies could result in disciplinary action and automatic removal from the house. The decision to remain a participant is based on each participant's behavior, and our goals are to help each participant attain their goal of self-sufficiency by staying clean and sober and to find employment.*