



Please send applications to;
 707 N. 7th Ave., Ste. D
 Pocatello, Id 83201
 Phone: 208.242.3044
 Fax: 208.904.0494

Foundations of Recovery Housing Application

Today's Date		IDOC or LE #	
Name		SSN	
Address		Date of Birth	
City, State, Zip		Age	
Phone		Marital status	
Ethnicity/ Race		Gender	
Employment Status		Employer	
Who referred you?		Funding Source	

HOUSING REQUEST

Housing needed by? (date)	<input type="checkbox"/> Immediately
If a future date please explain why.	

LEGAL HISTORY

Legal Status		Number of arrests in the last 30 days?		For	
Parole/Probation	PO's Name:		Phone		
CPS	Case Worker :		Phone		
Have you ever been convicted of a misdemeanor or felony			Which		



Please send applications to;
 707 N. 7th Ave., Ste. D
 Pocatello, Id 83201
 Phone: 208.242.3044
 Fax: 208.904.0494

Were you under the influence of drugs/alcohol when the crime was committed?	
Will you be on probation/ parole while in housing?	
List Charges	

Current Prescribed Medications		

PERSONAL INFORMATION

Please fill out the following information for each substance used:

Substance	Last use date?	Method	Age First Used?

Do you have any major health concerns?		
Are you able to climb stairs without assistance?		
Have you ever used any aliases or other names?		

RESIDENCY REQUIREMENTS

The Foundations to Recovery is a recovery home that requires its residents to be in recovery from alcohol and/or substance abuse. Please indicate below the type of program you are participating in for your recovery:

Are you Currently in Treatment?	
If BPA funded please list outpatient treatment provider information	
Company	
Address	
Phone	How many hours of treatment do you attend a week?
12- Step Program	Frequency
Other (please describe)	
Recently completed residential treatment(Please include location & length of stay)	



COGNITIVE RESTRUCTURING, LLC

Please send applications to;
707 N. 7th Ave., Ste. D
Pocatello, Id 83201
Phone: 208.242.3044
Fax: 208.904.0494

Is your treatment court- ordered?	
Are you involved in drug court?	
Are you involved in mental health court?	

FINANCIAL

Each member Foundations to Recovery house is required to pay his share of the housing expenses. Please provide accurate information for the following questions.

What is your source of income?	
Are you currently employed?	
If you answered yes to the above question please complete the following questions	
Approximately how many hours do will you work a week?	
Will you ever be required to work past curfew (9 pm)?	
<i>* if employed you will be required to turn in a weekly work schedule to the house manager, curfew exceptions may be made at the discretion of the Program Manager for conflicting work schedules</i>	

I have completed this application to the best of my ability and have answered all questions honestly. I have read the attached material regarding Foundations to Recovery, a safe and sober house for men, and understand that by signing below, I agree to follow all rules and policies. A copy of the house rules and client rights has been provided to me as part of this application. If accepted into the Foundations to Recovery House, I agree to hold harmless Cognitive Restructuring, the corporate officers, property owners, independent service contractors, and all service providers from all claims, actions and liabilities.

I authorize Foundations to Recovery to exchange information as needed with any and all government or private parties and/or their representatives as it relates to the application process and housing status while living at Pathways to Hope house.

I have read both statements above, understand its contents, and voluntarily agree to its terms.

Printed Name **Signature** **Date**