



GUARDIAN HOME

Home Entrance Applications

NAME: _____ IDOC# _____ DOB _____ AGE _____

CASE MANAGER NAME & EMAIL: _____

PO NAME & EMAIL: _____

PERSONAL PHONE #: _____ PERSONAL EMAIL: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

ADDRESS: _____ CONTACT PHONE #: _____

Will you have a vehicle on site? Y or N If yes, proof of DL, registration and insurance will be required

DRIVERS LICENSE: _____ STATE: _____

MEDICAL INFORMATION

What current medications are you taking: _____

How long have you been sober? _____ Drug(s) of Choice _____

Date of Last Use: _____

Which 12 step meeting do you attend? (AA, NA, CA, Etc.): _____

RESIDENT INFORMATION (Please circle Y or N for the following questions)

Have you ever lived in a Sober Living home? Y / N If "Yes" Which one? _____

Are you currently enrolled in Drug Court? Y / N

Are you currently enrolled in a treatment program? Y / N (If yes, which program?) _____

Are you involved in any legal action? Y / N If "Yes" please explain:

Are you required to register as a sex offender? Y / N

Have you ever been convicted of arson? Y / N A felony? Y / N How many? _____

Have you ever been charged with any violent crimes in Idaho or elsewhere? Yes / No

If you have committed a violent crime or have been disciplined and involuntarily discharged from a Safe-and-Sober Living home, give a brief description of the offense. Please include disciplinary offense category (DOR) and date, as well as programming completion date to show your progress. Explain the changes you've made to your life.

Source of Income: _____ Salary (Weekly/Monthly): _____

How are you planning on paying for rent? _____

Do you have employment upon release? Y or N

Employer: _____ Phone or email: _____

A move in fee of \$70.00 must be paid on or before the day of arrival. Requested Move-In Date: _____

Once housing is approved by PO and bed space is available, payment verification is required prior to submitting the final Release Request. For convenience, payments can be made with cash app, or money order.

IMPORTANT NOTICE:

I have read the above notice and understand that I am applying for entrance to the Guardian Home Sober Living as a member of a recovery home. I agree to abide by the responsibilities and requirements of the house and fully subject myself to the rules of the home, which include periodic/random drug testing. I understand that I am subject to immediate expulsion from the home if any of the following occur:

- 1) I use alcohol or drugs (other than prescribed medications)
- 2) I engage in disruptive behavior (continued patterns of irresponsible behavior are considered disruptive behavior)
- 3) I failed to pay my monthly dues.

I understand that if I leave voluntarily, I will submit a 3-week verbal notice to vacate to the house manager or owners of Guardian Home. By signing below, I certify that the information contained in this application is true. I have read and understand the Guardian Home Sober Living rules and policies. I understand and accept the above conditions set forth for membership to Guardian Home Sober Living and agree to abide by said conditions should I be selected as a resident.

Print Name _____

Signature _____

Date _____