



## OUR HOUSE RECOVERY, LLC

Sobriety is Serenity

Today's Date \_\_\_\_\_

Desired Move in Date \_\_\_\_\_

### Applicant Information

#### Legal Name

First Name \_\_\_\_\_ Last name \_\_\_\_\_

Are you an alcoholic? \_\_\_\_ addict \_\_\_\_ both \_\_\_\_

Drug of choice \_\_\_\_\_ Date of last use \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Referred by \_\_\_\_\_

#### Current physical address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_

Is your current mailing address the same as your current address? \_\_\_\_Yes \_\_\_\_No

Mailing address

Street \_\_\_\_\_ City, state \_\_\_\_\_

Zip code \_\_\_\_\_

#### Marital Status

\_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Partnership \_\_\_\_ other.

## Level of Education Completed

\_\_\_\_ High school \_\_\_\_ GED \_\_\_\_ College \_\_\_\_ Graduated \_\_\_\_ other.

Are you a Veteran? \_\_\_\_ Yes \_\_\_\_ No

Do you have a valid drivers' license? License Number \_\_\_\_\_ - \_\_\_\_\_ State \_\_\_\_\_

Do you have a car? \_\_\_\_ Yes \_\_\_\_ No Make \_\_\_\_\_ Model \_\_\_\_\_

Do you have current in force car insurance \_\_\_\_ Yes \_\_\_\_ No

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Current treatment center \_\_\_\_\_

Expected discharge date \_\_\_\_\_

Recovery and substance use

Other drug(s) of choice \_\_\_\_\_

Do you smoke \_\_\_\_ Yes \_\_\_\_ No

Sober date \_\_\_\_\_ Longest period of sobriety \_\_\_\_\_

Local Sponsor's name and number \_\_\_\_\_

Phone Number \_\_\_\_\_

## Emergency Contact Information:

\_\_\_\_ Relationship to applicant \_\_\_\_\_

First Name

Last Name

Emergency Contact Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Employment

Are you currently employed \_\_\_\_ Yes \_\_\_\_ No

Employer's Name and address, phone number

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

## Legal

Are you currently on probation or parole \_\_\_\_ Yes \_\_\_\_ No

If yes, PO's Name \_\_\_\_\_ PO's Phone \_\_\_\_\_

Are you a sex offender? \_\_\_\_ Yes \_\_\_\_ No if yes, are you registered \_\_\_\_ Yes \_\_\_\_ No

If you are experiencing any legal problems, such as court dates, warrants or active. restraining order, please describe them here.

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Will you be on probation or parole while in housing? ☐ Yes ☐ No

Name of Idaho County you will be reporting to \_\_\_\_\_

### **Medical**

Do you have medical insurance ☐ Yes ☐ No

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Do you have a medical doctor? ☐ Yes ☐ No

Name of doctor \_\_\_\_\_ Phone \_\_\_\_\_

Do you take prescription medication? ☐ Yes ☐ No

Do you have any medical conditions or allergies? ☐ Yes ☐ No

List all medications you are prescribed:

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Do you have Tuberculosis? ☐ Yes ☐ No \_\_\_\_\_

Do you have any communicable diseases? ☐ Yes ☐ No

Do you have a heart condition? ☐ Yes ☐ No

Do you have any other conditions? ☐ Yes ☐ No

Are you on any drug maintenance programs? ☐ Yes ☐ No

If yes, do you plan to stop using the drug maintenance program as part of your recovery ☐ Yes ☐ NO

### **Additional Information**

Please share with us your current main goals or any additional information you would like to share.

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## ACCEPTANCE CRITERIA

The following are the acceptance criteria for Our House Recovery living guests.

- Males aged 18 and over.
- Must be willing and motivated to participate actively in drug or alcohol related 12-Step program. Must be in recovery from alcoholism or drug dependency.
- Must be sober and chemically free for a minimum of 30 days.
- Must be willing and able to hold a full-time/part-time job.
- Must be willing and able to physically capable of meeting personal needs.
- Must be able to meet all financial obligations to Our House Recovery.
- Must commit to participating fully and positively in the mutual family living environment of Our House Recovery.
- Complete an intake assessment.
- Agree to sobriety rules.
- Sign a contract and hold a harmless agreement.

## IMPORTANT NOTICE

Our House Recovery is a sober living recovery home which requires expulsion, without prior notice or refund of deposit and fees, of any resident member who is found to be, but not limited to 1) using alcohol or drugs; 2) engaging in disruptive behavior; or 3) in default of payment of monthly membership fee. All participants of Our House Recovery are members of our recovery home program. **You do NOT have renters' rights or any right of tenants pursuant to Idaho Law, and expressly waive any such rights in exchange for membership privileges.**

I have read the above notice and understand that I am applying for membership of Our House Recovery, LLC. 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; 3) I fail to pay my monthly membership fee. I understand that if I leave voluntarily and give at least 30 days' written notice to the House Manager, my deposit will be refunded after deductions are made for any unpaid fees, damages or fines for which I am responsible. If less than 30 days' notice is given or I am expelled from Our House Recovery, I understand that my deposit and membership fees will be forfeited.

By signing below, I certify that the information contained in this application is true. I have read and understand the Our House Recovery rules and policies. I understand and accept the above conditions set forth for membership to Our House Recovery and agree to the said condition should I be selected as a member resident.

**SIGNATURE of APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

The membership application was reviewed with the applicant, and he acknowledged the **IMPORTANT NOTICE** and requirements for membership in Our House Recovery, LLC set forth above. The Applicant has reviewed the Our House Recovery house rules.

**SIGNATURE OF HOUSE**

**MANAGER/OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_