

SoberHomes Member Application Form

SoberHomes | San Jose, CA and Reno, NV | (408) 384-9154 | referral@welvida.com

Your responses are confidential and will only be used to assess eligibility and provide support within SoberHomes. If you have any disability-related accommodation needs, please let us know below.

Member Information

Full Legal Name: _____ Date: _____

Phone Number: _____ OK to Text? Yes No

Email: _____

Current Address (if applicable): _____

Date of Birth: _____ Age: _____

Gender Identity: Male Female Nonbinary Prefer to self-describe: _____ Prefer not to say

Race/Ethnicity (optional): _____

Veteran Status: Yes No Branch (if applicable): _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone Number: _____

Referral & Benefits

1. Were you referred to SoberHomes? Yes No
Referring Person/Agency: _____ Phone: _____
2. Do you have a caseworker or social worker? Yes No
Name/Agency: _____ Phone: _____

3. **Do you currently receive any of the following?** (Check all that apply)
 Medicaid Housing Assistance Food Assistance SSI/SSDI
 Other: _____ I'm not sure
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Substance Use & Recovery

1. **Have you experienced substance use challenges?** Yes No
 2. **Have you lost employment due to substance-related issues?** Yes No
 3. **Inpatient Treatment:**
 - **Facility:** _____ **Date:** _____
 - **Completed?** Yes No
 4. **Peer Support (AA, NA, SMART Recovery, etc.):** Yes No
 - **Where/When:** _____
 - **Had a Sponsor/Mentor?** Yes No
 5. **Primary Substance(s):**
 - **First Drug of Choice:** _____ **Date of Last Use:** _____
Age of First Use: _____ **Preferred Method:** Oral Smoke Nasal IV
 - **Second Drug of Choice:** _____ **Date of Last Use:** _____
Age of First Use: _____ **Preferred Method:** Oral Smoke Nasal IV
 6. **IV Drug Use?** Yes No **Last Time Used IV:** _____
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Health & Mental Health

Note: All medications must be stored in a personal lockbox.

1. **Medical Conditions?** Yes No
If yes, describe: _____

Current Medications: _____

2. **Mental Health Conditions?** Yes No

If yes, describe: _____

Current Medications: _____

Interested in Help or Diagnosis? Yes No

3. **Health Screening:**

○ **TB Test (last date):** _____ **Results:** _____

○ **COVID-19 Vaccination?** Yes No

Dates: 1st _____ 2nd _____

○ **Willing to be vaccinated?** Yes No

4. **Do you need reasonable accommodations under the ADA?** Yes No

If yes, please describe: _____

Legal History

1. **Outstanding Warrants?** Yes No

Details: _____

2. **Current Legal Issues?** Yes No

○ **Charges:** _____

○ **Sentencing/Parole Dates:** _____

○ **PO Contact:** _____

3. **Criminal Record Overview:**

○ **Past Offenses:** _____

○ **Dates:** _____ **Using at the time?** Yes No

4. **Disciplinary History (in treatment or housing):** _____

5. **Violent or Sexual Offenses?** Yes No

If yes, please explain (including tier level for sexual offenses):

Family & Relationships

Marital Status: Single Married Divorced Separated

Spouse/Partner Name: _____

Children? Yes No **How Many:** _____ **Ages:** _____

Custody? Yes No

Employment & Education

Are you currently employed? Yes No

Employer/Company: _____ **How long?** _____

Job Skills/Work History: _____

Highest Education Level: _____ (G.E.D. = 12)

College/Training Courses: _____

Recovery Housing

1. **Have you lived in sober living or transitional housing before?** Yes No

Where/When: _____

2. **Why do you want to live in a SoberHomes peer-led recovery home?**

3. **Do you practice a religion or spiritual path?** Yes No

What does spirituality mean to you?

4. **What is your opinion of 12-step programs (AA, NA, etc.)?**

Overview of SoberHomes Agreement & Policies

By signing or digitally affirming below, I acknowledge the following:

- I understand that SoberHomes is a **peer-led recovery residence** requiring **abstinence from drugs and alcohol**.
- I understand SoberHomes policies include curfews, community meetings, and engagement in personal recovery activities.
- I understand that if I use drugs or alcohol, I may be referred to **detox or stabilization services**.
- I understand my **right to file a grievance** regarding any disputes, which will be reviewed by SoberHomes management.
- I understand that falsifying information may affect my eligibility.

Consent & Acknowledgment

By signing or digitally affirming below, I confirm that the information I have provided is accurate to the best of my knowledge. I understand that SoberHomes is a recovery housing environment, and I am willing to live in accordance with community agreements and house rules. I consent to the secure storage of this information for intake and support purposes.

Signature: _____ **Date:** _____

Printed Name: _____

(If submitting digitally, check this box instead of signing by hand.)

I affirm that the information provided is true and complete. I agree to the terms above and consent to submit this form electronically as my official application to SoberHomes.