

PROGRAM APPLICATION

Please complete the following Program Application to be considered for participation at The Nova Residence. Once you receive your Letter of Acceptance and would like to reserve a bed, please mail your first month's program fee at least 10 days prior to move-in. Payments may be mailed or dropped off in person (by appointment only) and must be in the form of money-order or cashier's check made payable to The Nova Residence Inc. For your convenience, you may also pay online via www.paypal.me/novaresidence. No checks will be accepted. (All payments are non-refundable).

PLEASE PRINT CLEARLY

Today's Date: _____ IDOC # _____

Name: _____ Gender: Male Female

Date of Birth: _____ Age: _____

Email: _____ Phone: _____

Date Housing Needed: _____

DO NOT LEAVE BLANK. Please give a real date of expected arrival and/or release.

Emergency Contact:

Relationship (ie parent/spouse/sibling): _____

Name _____ Phone: _____

Have you previously resided in Transitional Housing? Yes No

Housing Name and Dates: _____

Substance Abuse History

Do you have a substance abuse problem? Yes No

If yes, what is your drug of choice?

Drug and Alcohol Use

Date of last Use: ____/____/____

Substance Used: _____

Did you have treatment in the past? Yes No

Date: _____ Facility Name/Location: _____

Date: _____ Facility Name/Location: _____

Please list the date you entered recovery, if applicable: Date: _____

Will you attend treatment? Yes No

Treatment Provider:

Counselor:

Phone number:

Describe the steps you take to maintain recovery today:

If you are a participant of The Nova Residence’s program, Inc. would you be willing to address any and ALL abuse issues and agree to maintain a drug and alcohol-free residence? Yes No

IDOC Data Sensitivity Classification - L3 Restricted

List any medications you are prescribed:

Criminal History

Have you been convicted of a misdemeanor or felony? Yes No

Have you committed any sexual offenses (regardless of if you were convicted or are required to register as a sex offender)? Yes No

Are you required to register as a sex offender? Yes No

Have you committed any violent offenses (regardless of if you were convicted)? Yes No

Were you under the influence of drugs/alcohol when crime was committed? Yes No

IDOC Data Sensitivity Classification - L3 Restricted

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

Name of Idaho County you will be reporting to:

Probation/Parole Officer Name, if known:

IDOC Data Sensitivity Classification - L3 Restricted

Case Manager Contact Info:

IDOC Data Sensitivity Classification - L3 Restricted

I have completed this application to the best of my ability and answered all questions honestly. When I am accepted into the program at The Nova Residence, I agree to hold harmless The Nova Residence, Inc., corporate officers, property owners, independent service contractors, and all service providers from all claims, actions and liabilities. I authorize The Nova Residence, Inc. 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 program status while participating in The Nova Residence program. I understand and agree that all payments to The Nova Residence, Inc. are non-refundable. I have read both statements above, understand its contents, and voluntarily agree to its terms.

Print Name: _____ Signature: _____

Date: _____

For Office Use Only:

Received Date: _____ Online? Yes No Phone Completion Date: _____

Thank you for submitting your Program Application. A response letter will be emailed to your Case Manager and will provide instructions for Move in Day if accepted. We look forward to meeting you soon.