

NERH HOUSING APPLICATION

Name: _____ Date: _____

(Please print)

Last Home Address: _____ DOB: _____

City, State, Zip _____ SS#: _____ / _____ / _____

Email address: _____

]How long did you live at this address? _____ Are you homeless now? _____

If Yes; Date you became homeless _____ For how long? _____

Telephone # you can be reached at? (_____) _____

Alternate #: (_____) _____

DRUG USE:	Date of last use	Amount Used	Average daily use	IV use?	Age first used	Total Lifetime Use
Alcohol						
Heroin						
Other Opiates						
Cocaine						
Crack Cocaine						
Amphetamines						
Hallucinogen						
Marijuana						
Inhalants						
Benzodiazepines						
Tranquillizers						
<u>Other:</u> _____						
<u>Drug of Choice</u>						

Previous # of Overdoses? _____ Please explain: _____

How long have you been in recovery for? _____

TREATMENT EXPERIENCE

Treatment Center	Kind of TX (Detox, Residential, IOP, OP ½ or ¾ House)	Dates you were in TX	How Long	Completed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Longest amount of time you have gone without any drugs/alcohol? _____

How did you accomplish that? _____

What is the longest period of time you have tried recovery? _____

MEDICAL

Are you allergic to any food, medications, etc.? _____

If Yes, Please list. _____

Do you have any medical conditions? _____

Have you ever had any treatment for any mental illness? _____ If yes, please explain

List any Medications you are on Presently or should be on:

PRESCRIBED MEDS	REASON FOR TAKING	DOSAGE	HOW LONG
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LEGAL STANDING:

Have you ever been charged and/or convicted of criminal sexual conduct? _____

If so, you will not be allowed to reside at NERH. (Prostitution/solicitation excluded)

Do you have any warrants? _____ Are you on parole or probation? _____

If yes, please explain. _____

Name of Agent: _____ County _____ Phone# (____) _____

List any pending legal cases presently: _____

Please identify any court fines, restitution or Child Support payments that you are presently responsible for: What and amounts _____

EMPLOYMENT INFORMATION:

What is your occupation? _____

Is your current job in this field? _____ If yes, where? _____

Phone Number at work: (_____) _____

What shift do you work? _____ Please circle: FT, PT, Permanent or Temporary

If not employed, what is your source of income? _____

(Please make a check mark if applicable.) Do you have in your possession a: Social Security Card _____,

Birth Certificate _____ Valid Driver's License _____ State ID _____?

If not employed, when was your last job? _____ How Long? _____

Current Source of Transportation? _____

GENERAL INFORMATION:

Marital Status: M _____ Separated _____ Divorced _____ Single _____ # of Children _____

Names and ages of children? _____

Are you currently in a primary relationship with someone? _____

Are you involved in counseling at this time? _____

If yes, where _____ With Whom? _____

Highest Grade Completed? _____ Any College? _____

WHAT WOULD YOU LIKE TO ACCOMPLISH WHILE YOU ARE STAYING HERE?

PROGRAM FEE'S AGREEMENT

I, _____, understand that New Earth Recovery Housing is a self-supporting, sober housing program and that I am responsible for a:

A refundable fee of \$50 is due before moving in. The Rental Fee of \$150 per week due on your designated day. If rent is late I will pay a \$10 fee each day it is late.

I understand that I am responsible for providing my own food and personal needs (shampoo, toothpaste, etc), and cigarettes.

_____ **It is expected that I will secure employment within the first 30 days. Once I gain employment, I will be expected to notify staff of my pay schedule.**

_____ **Residents, alumni, and staff understand how hard it is to start over.**

We've been there and we're here to help you. As long as you are doing your part to change your life, we are 100% on your side. You can do this!

_____ **I understand this program is designed to help me learn and practice the skills, behaviors, and attitudes that may prevent me from returning to active addiction.**

_____ **I understand that I am expected to use the community resource numbers I am provided to help me find work, and/or get back in school. Successful Recovery means being productive and staying focused on positive new activities. Complacency won't work for us.**

_____ **I understand that it is my responsibility to set and work towards goals that will help me get back on my feet financially, emotionally, physically, mentally, and spiritually.**

My initials above indicate that I agree to honor this program agreement.

Failure to honor this contract may result in discharge.

I have read and fully understand and will honor the rules and terms of this agreement.

Resident signature: _____ Date: _____

Staff/witness signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

(PLEASE PRINT LEGIBLY)

I, _____, request that

(Name)
be the person contacted in case of a medical emergency. They may be reached at the following number(s)

() _____
() _____

Your Relationship to this person: _____

I understand that if I should become unconscious or mentally unable to communicate in a rational manner, Addiction Relief and Supported Recovery staff, and any Joe and Shirley's Place staff OR present residents will release any known information pertaining to my health and the medications I am currently taking to the emergency responders and/or hospital staff with the person listed as my emergency contact.

Any emergency responders should know that I am taking the following **medications and conditions**.

Medication	Condition

Any known allergies to medications or food: _____

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____