



Date: _____

SHURRUN'S HOUSE

Client Cell Phone _____

Resident Intake Form

Shurrun's Sober Living transitional House is Licensed by the City of Dallas and operates in accordance with the U.S. Department of Agriculture and Texas Health and Human Services Commission Policy, which prohibits discrimination on the basis of race, color, sex, age, disability, religion, political belief or natural origin.

NAME _____ D.O.B. ___/___/___ AGE ___
(Last) (First) (M.I.)

SOCIAL SECURITY NUMBER _____ ETHNICITY _____
RELIGION _____

IN CASE OF EMERGENCY _____
(Name)

(Phone) (Relationship)

Does the emergency contact above know you are at Shurrun's House? _____

If no please explain _____

Last Address _____

Describe all of your medical conditions/health problems and list all medications you are currently taking and for what condition. _____



Date: _____

What is the name and address of your Physician?

Are you in counseling? _____ If so, Please explain _____

How much cash do you have today _____ (date) \$ _____ (amount)

What is your Monthly Income? \$ _____

What is your drug of choice? _____

Check all you have used

- Alcohol(beer, wine, liquor) ___
- Inhalants ___
- Hallucinogens ___
- Opiates ___
- Cocaine/Crack ___
- Stimulants ___
- Tranquilizers ___
- Hypnotics ___
- Barbiturates(sleeping pills) ___
- Marijuana/Weed ___
- Meth/Speed ___
- Nicotine ___
- Antidepressants ___
- Other _____

Where are you being discharged from? _____

What were you admitted for? _____

Name the treatment centers or/and correctional facilities you have stayed and the reasons you were there.



Date: _____

Have you had any past violent acts? _____

If Yes, Please

Explain _____

If any rules below are violated you agree you may be asked to vacate the premises immediately. Please sign and date the bottom of the sheet if you understand the rules.

- No illegal drugs of any kind to include prescription medications that are not prescribed to you.
- You agree you are here for your sobriety and will work hard towards it
- Random drug and alcohol tests will be administered
- Medications will be stored in a locked cabinet or safe and will be administered by person trained in Medication Management
- You agree to abide by the daily schedule that is structured and repetitive
- No stealing. At all, for any reason , ever.
- We have security cameras installed for safety and the safety of the home. Do not go out doors through any window in the home unless an emergency.
- You must abide by all orders of the courts if you're on probation or parole.
- You must abide by all orders of CPS and actively working towards having your child/children returned
- House curfew is **8pm** on Weeknights and **8pm** on Weekends. Non compliance will result in an earlier curfew for 7 days.
- All residents are required to be active on a daily basis. You are required to look for work if you're not employed.
- You agree to keep your portion of your room clean to include making your bed every morning, putting things away and keeping trash out of rooms at all times.
- You also agree to do your assigned chores that will be posted on the board for your attention.
- Rooms are shared. Please respect your roommates privacy
- You must attend the weekly house meeting and the only excuse for missing it is **WORK.**
- No men are allowed in the house



Date: _____

- Same sex relationships with someone in the home is not encouraged by Shurrun's House, however they will not be allowed to share rooms nor have relations at the home.
- We ensure that we are located near the bus line so you are able to make appointments on time. Please make sure to check the bus routes to make sure you're home at curfew also. If you are late, please call and explain why
- No smoking inside the home at any time. Smoking is only allowed in the back of the home.
- Never give anyone your code to get in the home
- Know where the fire extinguisher is located and be familiar on how to use it
- Lights out at 10:00pm
- All court cases must be current
- Absolutely no refunds of any fees paid if you are asked to leave Shurrun's House. If you are asked to leave because you have violated one or more of the house rules or have caused the house to be in danger, you will have one hour to leave.

Print Name _____

Sign Your Name _____

Date: _____

If you have any concerns with the rules, please explain them here. If there is anything you would like us to know, please explain it here also.



Date: _____