



MOVE IN DATE: _____

SHURRUN'S HOUSE SOBER LIVING HOMES FOR WOMEN

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 # _____ DL# _____

ETHNICITY _____ RELIGION _____

PHONE _____

Are You Employed? If so Fulltime or Part time? ____ WHERE:

How much do you make an hour and how many hours do you work per week? _____

Who will be responsible for paying your program fees? _____

What addiction treatment center or correctional facility were you just released from? _____

What was your DOC? (Drug of Choice) If you're a poly user, please list all drugs you take at once. _____

What reason were you incarcerated? _____



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EMERGENCIES, PLEASE LIST AT LEAST 2 FAMILY MEMBERS

IN CASE OF EMERGENCY _____
(Name)

(Phone) (Relationship)

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 _____

City, State Zipcode

Do you have an open CPS case? _____. How many children are in CPS custody? ____

Do you have any children in the custody of someone other than

CPS? _____

Who is your current case worker and her phone

number? _____

Who is your current Physician for healthcare at what facility? Please provide a Nurse or caseworker phone number?



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What medications are you prescribed and for what condition?

Who is your current Physician for Mental Healthcare At what facility? Please provide a Nurse or caseworker phone number? _____

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

We Provide private counseling by Alexis Duggan who is fully Licensed and everything disclosed to her is confidential.

Are you in counseling? _____ If so, Counselor Name, Address and Phone number

Would you like to have confidential mental health counseling with our organization's Licensed Counselor?

Counselor? _____



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Check all you have used

Alcohol(beer,wine,liquor) ___ What kind? _____

Inhalants ___ What kind? _____

Hallucinogens ___ What kind? _____

Opiates ___ What kind? _____

Cocaine/Crack ___

Dimethyltryptamine(DMT) ___

Gamma-Hydroxybutyric Acid(GHB) ___

Ketamine ___

PHENCYCLIDINE (PCP)/ Angel Dust ___

Lysergic Acid Diethylamide(LSD) Acid ___

Psilocybin/ Mushrooms ___

Ecstasy/Molly/ X Pill ___

Synthetic Cannabinoids/K2 ___

Stimulants ___ **What kind?** _____

Tranquilizers ___ What kind? _____

Hypnotics ___ What Kind? _____

Barbiturates(sleeping pills) ___ What kind? _____

Marijuana/Weed ___ Kush? _____

Meth/Speed ___

Nicotine ___

Antidepressants ___ What kind? _____

Other _____

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



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What is your physician name and address? _____

What are your diagnosis and medications you are currently taking?

Have you had any past violent acts? _____
If Yes, Please
Explain _____

Are you on probation or parole? Who is your parole or probation officer and their phone number? _____

List your open cases? You agree to keep up with your court dates and follow court rules? _____

If any rules below are violated you agree you may be asked to vacate the premises immediately. Please sign and date the bottom of this form to validate you agree to all rules listed below and if you cannot, you will leave and make room for other people who are serious about their sobriety.

- No illegal drugs of any kind to include Alcohol
- Taking prescription medications that are not prescribed to you.
 - Random drug tests must be clean
 - No sharing, if you share, do not expect anything in return
 - Take care of your personal hygiene and appearance
 - Not attending mandatory classes or events
 - You agree to pay your program fees on time or have a talk with the director



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before your fees are due.

- You stayed out all night without notifying house manager nor director
- No stealing. At all, for any reason
- You refuse to take your medication prescribed to you
- Being very disrespectful to other residents
- 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
- Selling or giving away donations given to our organization without consent ● No smoking inside the home at any time. Smoking is only allowed in the back of the home.
- THREATENING AND VIOLENT BEHAVIOR
- No fighting
- No excessively breaking house rules like curfew. 8pm is curfew unless at a group meeting or work.
- Excessively calling the police or ambulance. We live in a neighborhood with people that own their homes, they do not want to see us with the police and ambulance all the time. It makes us look bad as an organization, living in a nice safe neighborhood.
- 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, found yourself physically high in front of other residents or have caused the house to be in danger, you will have one hour to leave.

Name _____

Signature _____

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.



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SHURRUN'S HOUSE SOBER LIVING HOMES NONPROFIT 501C3 ORGANIZATION/
PUBLIC CHARITY WHOSE MISSION IS TO HELP END DRUG ADDICTION,
HUNGER, HOMELESSNESS AND RECIDIVISM

WE ARE CITY OF DALLAS LICENSED TRANSITIONAL HOMES SERVING WOMEN
FROM TEXAS AND OTHER STATES SEEKING SAFE RECOVERY HOMES