

BRCH House Application

Cell: 945-276-0971

Please email the application to: info@brchouserecovery.com

Name:

Email:

DOB / AGE:

SSN:

Gender:

City/ State/ ZIP:

Please answer the following question. Circle the one that apply

Client Information

1. Income: Working / Family / Agency / Other
2. Who is completing this application? Case Worker / Self / Payee etc.
3. Do you have a phone number?
4. Are you working? If so, do you have proof of employment? (You must show proof of employment)
5. When are you considering moving in and start your transition with us?
6. Have you ever lived in a Sober Living Home before? If yes, which Sober Living Home have you stay in and how long?
7. Do you have an emergency contact?

8. Are there any organizations or case managers supporting you right now who could help you access resources?
9. Who is financially responsible for program fees or rent fees? How long will the funding be paid?

Referral History

10. What would you like us to know about you, and what brought you to our home?
11. How did you hear about BRCH House?
12. Please give me the name of the person who gave you the Referral. Treatment Center /
Google / Agency / Person
13. Do you have ID or Driver's license? What is the Number? (I will need a copy for file)
14. Do you have transportation?

Legal History

15. Have you ever been convicted for Felony? Yes or No
If yes, please explain:
16. Are you on probation or parole? Yes or No
If yes, please explain:
17. Do you have any pending court cases? Yes or No
If yes, please explain:

18. Have you ever been convicted of a sexual offense? Yes or No

If yes, please explain:

19. Have you had any criminal history of violence, sexual offence, or arson in last 10 years?

20. Any Additional Information for BRCH House?

21. Submit application to the above address for review and approval. Please understand your responses will be reviewed on a case-by-case basis. BRCH house reserves the right to verify this information by conducting a background check.

Thank you for your interest with BRCH House will get back to you quickly as possible.

Resident Signature: _____

Case Manager Signature _____
