## Application for Steps House Inc. 712 Boggs Ave Knoxville, TN. 37920

Note: Applications will be kept on file for one year.	
Name:	Date:
Soc. Sec. # Date of Birth:	·
TOMIS # (If applicable):	Are you a veteran? Yes No
Please list your race/ethnicity (Check all that apply):	
American Indian/ Native American	Asian
Black/ African American	Native Hawaiian or Other Pacific Islander
White	Other
Hispanic/ Latino	
Where are you currently living?	
Have you ever been a resident of Steps House?Y	res No
If yes, what dates did you reside at Steps House:	
Have alcohol or drugs caused problems in your life?	Yes No
How many years have you used drugs or alcohol?	
What age did you first use/drink?	
When was the last time you used any type of controlled s	substance?
Have you ever participated in AA/NA or any 12-step rec	overy meetings? Yes No
Are you willing to commit to sobriety and attend AA/NA	A meetings? Yes No
Have you ever been to treatment? Yes No How	many times?
Did you graduate from the treatment program? Yes _	No
Have you ever attended another halfway house/sober livi	ing/ or residential recovery program?
Yes No	
How many programs? Length of progra	.m(s)?
Did you graduate from the program? Yes No	
If not, how long did you stay?	Reason for leaving?
Are you willing to complete Steps House's 9-12 month p	orogram? Yes No
Are you able to work Full-Time? Yes No (Rent	is \$165.00 /per week)

Please list your three most recent places of employment/positions held.		
Are you currently working? Yes No		
If yes, what is your current job? If yes, what shift?		
If accepted into our program, it is a requirement you work only a first shift job. This will keep you in compliance with our curfews and allow time for the meetings required in the evening. By initialing here		
you are stating you understand this and are willing to comply with these guidelines.		
Do you receive Social Security Benefits? Yes No		
Have you ever received Social Security Benefits? Yes No		
Do you intend to file for Social Security Benefits? Yes No		
**If you plan on filing, you must already be receiving your disability/SSI before entering our		
program.**		
Do you have any medical conditions or diagnoses/disabilities/allergies? (If yes- please explain)		
Do you have any psychiatric/psychological diagnoses? (If yes-please explain)		
Please list all medications you are required to take/dosage/reason for prescribed.		
**If you are eccented and arrive with medications/medical conditions that weren't listed an eccent		
**If you are accepted and arrive with medications/medical conditions that weren't listed on your application, you could be denied entry to our program.**		
Highest level of education/grade completed?		

Are you married?	Do you have children?		How many?	
Do you have family/any type of sup	pport? (please ex	xplain)		
Please check type of supervision:	Probation	Parole	No Supervision	Other( explain)
Please list any pending legal matter	rs you have:			
Please list your current and past cri	minal history/ch	narges:		
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PLEASE COMPLETE THE		<u>G IF YOU</u> /PRISON	ARE CURRENTLY	Y IN CUSTODY:
How long have you been in custody		_		
What are your current charges?				
_ Past/current criminal history: please Counselor/Officer/Contact: <b>please</b>				d on page 2.
**Please attach a copy of your pr	ior & current c	charges if p	ossible**	
Sex Offenses: Yes No				
(PLEASE NOTE we cannot accept	anyone register	ed on the se	x offender registry)	
If you have other sex offenses that	don't require reg	gistration – <sub>J</sub>	olease explain.	
Violent Offenses: Yes No				
If yes-please explain:				
				<del> </del>
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Please explain ALL disciplinary actions while in custody:

**Please attach a copy of disciplinary actions sheet if possible**		
List any programs completed or currently enrolled in:		
List any jobs you've worked or are currently working while in custody: (Please provide details)		
Have you been granted parole? Yes No		
**If yes, please attach a copy of your final decision**		
If you have NOT been granted parole yet, please wait until you receive your final decision to submit your application.		
If you have made parole but must complete a program before your released – please list the program		
name:		
length:		
estimated graduation date:		
Please list any other details and/or estimated release dates/information:		
Please briefly tell us why you want to join Steps House & what you hope to gain.		

Please read and initial the following:
I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYING A NON-REFUNDABLE- 2 WEEK RENTAL DEPOSIT ALONG WITH ONE TIME ADMISSION FEE TOTALING: \$530 BEFORE I ARRIVE.
I understand the above entry fees are excluded only if I am receiving grant funding such as RHP. In the case of RHP all entry fees are excluded and the grant will pay my weekly rent up to 60 days while I seek employment.
I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO BRING AS MANY OF THE
REQUIRED ITEMS/SUPPLIES I CAN: Twin size sheets/blanket & pillow, hygiene products,
Towel & wash cloth, alarm clock (or cell phone alarm), several days-worth of clothing.
PLEASE MAKE EVERY EFFORT TO BRING THESE ITEMS WITH YOU UPON ARRIVAL.
I understand that I will be required to participate in the Steps House ORIENTATION & DAY
PROGRAM for the first 5 weekdays I am a resident. This means that if I am employed at the time of my admission; I will need to ask my employer for several days leave time.
BY INITIALING HERE, I AM STATING THAT I UNDERSTAND FAILURE TO COMPLETE ALL OF THIS APPLICATION WILL RESULT IN: DELAY OR DENIAL OF ACCEPTANCE INTO THE PROGRAM. THIS INCLUDES SENDING THE REQUESTED ATTACHMENTS AND SIGNED RELEASE OF CONFIDENTIALITY FORM INFORMATION.
***** You will not be admitted without a state issued picture ID or Driver's License *****
Do you have a valid state issued ID? Yes No If possible, send a copy of your ID with application

Do you hav	e a valid drivers license? Yes	No Do you have a birth certificate? Yes No
(You will no	eed to bring your ID with you when	you arrive or have the money to pay for a replacement.)
`		paid before your arrival-This is NON-REFUNDABLE. ne agreement has been reached about the \$530.00 advance
**Weekly r	ent of \$165 is due every Friday by 7	p.m.
**No certif	icate of program completion or 90-da	ay certificate will be granted with an open rent balance.
Do you und	erstand this?	
Prospective	client's signature	
mail to:	Steps House - Admissions	tel. (865)573-7152
	712 Boggs Ave.	fax (865)394-6801
	Knoxville, TN. 37920	Admissions@stepshouse.org