



Application

Recovery Renaissance is a 501c3, non-profit organization created and operated by peers in long term recovery ourselves. Our purpose is to help others seeking recovery find their purpose, chase their dreams, and seek healing in every area of life their addiction affected. We aim to spark creativity to achieve this purpose, neutralize stigma, and heal our communities. We are where recovery meets creativity and we recover out loud!

1. Full Name (First, Middle, and Last):
2. Phone Number:
3. Address (current living arrangement):
4. Date of Birth:
5. Marital Status:
6. Do you have children? Ages? Are they in your custody?
7. Are you a Veteran?
8. Are you currently using drugs and alcohol?
9. Which drugs / alcohol do you abuse? Explain

10. Have you ever been in drug / alcohol treatment? If so, where? Did you complete?

11. Do you have ANY Medical diagnosis? What are they?

12. Do you have ANY Mental Health diagnosis? What are they?

13. Is there any reason you cannot work?

14. Are you currently employed? Where?

15. What is your weekly income?

16. There is a non-refundable deposit of \$200.00 and weekly program fee of \$150.00. How will you pay this?

17. Do you have a valid driver's license?

18. Do you have transportation?

19. Criminal Justice: If any, what are your past and current convictions? Please be thorough.

20. Are you facing any pending charges? What are they?

21. Have you ever been convicted of arson?

22. Have you ever been convicted of any crime that lists you on the sex offender registry? Explain.

23. Have you ever lived in a sober living? When and where?

24. Are you willing to thoroughly work and engage in a 12-step recovery program?

25. Do you have a primary care physician?

26. Do you take prescription medications? Please list.

27. Why are you interested in being in the Recovery Renaissance program?

28. Outside of staying clean and sober, what would your biggest dream be that recovery could offer?

29. When would you like to move in?

I have read the attached rules and expectations. I AGREE TO ALL.

Signature:

By signing here, I am submitting my application for the Recovery Renaissance Program.

Signature:

Date: