



GENESIS HOUSE

APPLICATION FOR MEMBERSHIP

To be accepted, an applicant must complete both sides of this application and be interviewed by the members of the House. An 80% affirmative vote is required for acceptance.

Print Name: First M. Last		Pronouns:		Date of Birth: Month/Day/Year	
Email Address:				Phone Number:	
Present Address: Street Address		City		State Zip Code	
Currently in Treatment or Facility? Circle one: YES NO		Treatment/Facility Name		Contact Name Contact Phone	
If Yes, List Contact Info:					
Do you have an alcohol problem? Circle one: YES NO				Date of last Drink: Month/Day/Year	
Do you have a drug use problem? Circle one: YES NO				Date of last use: Month/Day/Year	
Do you want to stop using/drinking? Circle one: YES NO				How many recovery meetings do you attend per week?	
List all the drugs you misused:					
Are you employed full-time? Circle one: YES NO				Employment monthly income: \$	
Are you receiving other income? (retirement, disability, family, welfare) Circle one: YES NO				Other monthly income: \$	
Marital status: Circle one: Single Married Separated Divorced Widowed					
Medical doctor name:			Medical doctor contact number:		
Mental health professional name:			Mental health professional number:		
Name of last treatment center/detox:				Number of times in Treatment/Detox:	
List all the medications you are currently prescribed:					
Can you move-in immediately? YES NO		If no, give the reason:			
Have you lived in the House before? YES NO		If yes, When:			
If yes, what was the reason of your departure? Check one: <input type="checkbox"/> Voluntary <input type="checkbox"/> Relapse <input type="checkbox"/> Disruptive Behavior <input type="checkbox"/> Nonpayment of EES					
If yes, did you leave owing money? YES NO		If yes, amount you left owing: \$			
List 3 emergency contacts:					
Name		Relationship		Contact Number	
Name		Relationship		Contact Number	
Name		Relationship		Contact Number	
All of the information on page 1 is honest and accurate. Initials _____				Today's Date: Month/Day/Year	

Use this space to tell us relevant information related to your active addiction and recovery, including why you want to live here.

I realize the Genesis House to which I am applying for membership (A) prohibit all members from using any alcohol or illegal drugs, (B) expel any member who violate House Rules, (C) equally share household expenses, including the monthly lease payment, among all members, and (D) utilize democratic decision making within the group including inclusion in and expulsion from the group.

I have read all of the material on this application form including the limitations set forth above. I have answered each question honestly and I have a desire to achieve comfortable recovery from substance use disorder.

Signature: _____ Print Name: _____ Date: _____

FOR INTERNAL USE BY THE APPLIED GENESIS HOUSE

ENTRY INFO

Move-in Date: _____ Move-in Fee paid: YES NO Newcomer packet completed: YES NO

DEPARTURE INFO

Move-out Date: _____ Reason: ☐ Voluntary Departure
☐ Substance Use Recurrence
☐ Disruptive Behavior
☐ Nonpayment Money Owed \$ _____ Date Paid: _____