

APPLICATION FOR MEMBERSHIP IN A SOBER-1 RECOVERY HOUSE

1. PRINT NAME (LAST, FIRST, MIDDLE) _____
2. CURRENT ADDRESS: _____
3. DATE OF BIRTH _____ PHONE WHERE YOU CAN BE REACHED: HM _____ WK _____
4. ARE YOU AN ALCOHOLIC? () YES () NO
5. ARE YOU ADDICTED TO DRUGS? () YES () NO
IF SO LIST ALL USED IN LAST 3 YRS _____
6. HAVE YOU BEEN TO A REHABILITATION FACILITY? () YES () NO
IF YES, LIST WHERE AND WHEN _____
7. DATE OF LAST DRINK? _____ DATE OF LAST USE? _____
8. WHEN DID YOU ATTEND YOUR FIRST AA OR NA MEETING? _____
9. HOW MANY AA OR NA MEETINGS DO YOU ATTEND EACH WEEK? _____
10. DO YOU WANT TO STOP DRINKING OR USING AND STAY SOBER? _____
11. DO YOU HAVE A VALID DRIVERS LICENSE OR I.D.? _____
12. ARE YOU CURRENTLY ON PROBATION OR PROLE? _____
IF SO, NAME OF P.O. _____ (CIRCLE ONE) FEDERAL, STATE, COUNTY, OR CITY

REMEMBER: THE FOLLOWING FINANCIAL AND EMPLOYMENT INFORMATION IS CONFIDENTIAL AND WILL NOT BE RELEASED BUT WE NEED TO KNOW IT TO EVALUATE WHETHER YOU CAN PAY WEEKLY

13. ARE YOU EMPLOYED () YES () NO IF YES, LIST WHERE ON THE OTHER SIDE OF THIS FORM.
14. ARE YOU GETTING WELFARE, SSI OR ATR VOUCHER? () YES () NO IF YES, CIRCLE ONE.
15. IF YOU DO NOT HAVE A JOB ARE YOU WILLING TO GET ONE? () YES () NO
16. WHAT IS YOUR MONTHLY INCOME RIGHT NOW? _____
17. WHAT DO YOU EXPECT YOUR INCOME TO BE NEXT MONTH? _____
18. MARITAL STATUS: () SINGLE () MARRIED () SEPERATED () DIVORCED HOW MANY CHILDREN? _____
19. LIST ON BACK THE NAME, ADDRESS & PHONE OF TWO PEOPLE TO CONTACT IN CASE OF EMERGENCY.
20. LIST ON BACK THE NAME, ADDRESS & PHONE OF YOUR DOCTOR.
21. DO YOU TAKE PRESCRIPTION DRUGS? () YES () NO LIST ON BACK.
22. DATE YOU DESIRE TO MOVE IN? _____

I have read, understand and answered the questions on this application truthfully. If I am accepted into the Sober-1 transitional home, I will fully subject myself to the rules and regulations of the home. I understand that my sobriety deposit will NOT be returned if I am required to leave. I also understand that my sobriety deposit will be refunded if my departure is voluntary and I have given two weeks notice to the house. I understand that Sober-1 may deduct expenses which I have incurred.

THE NATURE OF SOBER-1 HOUSE REQUIRES THAT I ENTER INTO A PERSONAL CONTRACT AND PLEDGE THAT I WILL NOT DRINK OR USE DRUGS. BY SIGNING BELOW, I HEREBY PLEDGE THE FULL AMOUNT OF MY SOBRIETY DEPOSIT THAT I WILL FAITHFULLY ABIDE BY THIS RULE. SHOULD I RELAPS, I WILL BE EXPELLED FROM THE HOUSE WITHOUT NOTICE AND FORFEIT MY SOBRIETY DEPOSIT. I FURTHER PROMISE AND PLEDGE THAT I WILL LEAVE THE HOUSE IMMEDIATELY IF A MAJORITY VOT OF THE HOUSE MEMBERSHIP DETERMINE THAT I HAVE BEEN USING EITHER ALCOHOL FOR DRUGS. I ALSO UNDERSTAND THAT DISRUPTIVE BEHAVIOR OR NONPAYMENT OF FEES CAN LEAD TO IMMEDIATE EVICTION.

SIGNATURE: _____ DATE: _____

EMPLOYER NAME: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
SUPERVISOR NAME: _____ PHONE _____

OTHER INCOME
SOURCE: _____ AMOUNT: _____

JOB
PROSPECTS: _____

EMERGENCY NAME, ADDRESS & PHONE NUMBERS:

DOCTOR: _____
CONTACT : _____
CONTACT: _____

I TAKE THE FOLLOWING PRESCRIPTION
DRUGS: _____

IF YOU HAVE EVER BEEN IN A RECOVERY HOUSE, PLEASE LIST NAME: _____

LIST APPROXIMATE DATES: _____

REASON FOR LEAVING: _____

ANY ADDITIONAL INFORMATION :

FOR OFFICE USE ONLY: APPLICATION ACCEPTED () NOT ACCEPTED () DATE: _____

MOVE IN DATE: _____ MOVE OUT DATE: _____ REASON: _____

HOUSE KEYS RETURNED? () YES () NO

OUTSTANDING DEBTS TO HOUSE? () NO () YES HOW MUCH? _____