



Application

Today's Date ___/___/___

Name _____

Alias _____

D.O.B ___/___/___ SS# _____ - _____ - _____

Current Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell(_____) _____

Current Relationship Status (Check One) Single___ Married___ Divorced___
Separated___

Ever Married (Check One) Yes___ No___

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Telephone# (_____) _____

Are you able to pay the non-refundable 900.00 deposit, which covers 4 weeks rent and community fees? Yes or No

You will be required to pay \$150.00/Week rent after your first 4 weeks.





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Are you Currently Employed? Yes or No. If yes, please complete the grid below:

Place of Employment

Address

Telephone #

Place of Employment	Address	Telephone #

Have you ever participated in another transitional living facility or community? ____ Ex: Halfway House, Mission Program, Salvation Army etc. If Yes, please complete the following grid.

Facility

Date(s)

Completion. Yes or No

Facility	Date(s)	Completion. Yes or No

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY.

What is the main problem, as you see it in your life? _____



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What have you attempted to do about this problem? _____

Describe your religious or spiritual beliefs.

Describe your emotional state and feelings about your current residence.

What was happening that prompted you to seek residency at The Mend House?

Who's idea was it for you to apply to The Mend House?

What issues/problems would you like to work on while at The Mend House?





Describe any short-term goals.

Describe any long-term goals.

Where and with whom were you living before your present living situation?

Where would you live now if not accepted at The Mend House?

Do you have any health problems that require special care on your part?_____ If yes, please explain_____





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Are you, to your knowledge, medically stable at the time? _____ If no, please explain.

Have you ever been diagnosed with a mental illness? ___Yes ___No

If yes, what type and when_____

Have you experienced suicidal ideations (thoughts)? ___Yes___No. If yes, please explain:_____

Have you ever attempted suicide?___Yes___No. If yes, please explain:_____

Are you currently taking prescribed Medications?_____ If so, List all prescribed medications for last year, including current Medications.

Name of Medication Date of Diagnosis Doctor Prescribing Medication

Name of Medication	Date of Diagnosis	Doctor Prescribing Medication



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Have you ever been convicted of a misdemeanor or felony? ___ Yes or ___ No

If yes, please describe _____

Arrests /Convictions

Date

Status of conviction/Attorney/P.O

Arrests /Convictions	Date	Status of conviction/Attorney/P.O

Where any of these legal issues' alcohol/drug related? _____

Do you have any court cases pending, upcoming court dates etc? _____ If yes, please explain.



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Are you currently on probation or parole? Yes or No.

If yes, what type, city, county, state? _____

What is your Probation/Parole officer's Name? _____

What is your Probation/Parole officer Telephone #? _____

Have you ever drunk alcohol? ____ If so, please answer the following questions.

How old were you when you had your first drink? _____

How old were you when you were first intoxicated? _____

How old were you when you first thought you might have a problem? _____

Drink of preference? _____

Quantity? _____ How often? _____

Where and when did you usually drink? _____

Did you drink alone? ____ If so, how often? _____

When and how long was your longest period abstained from alcohol? _____

Why/how did you return to drinking?

Do you think you can control your drinking? _____

When was your last drink? _____

Have you been involved with any 12 Step Programs? _____

If so, Which Program(s)? _____





Have you ever used Drugs? Is so, please answer the following questions.

List all drugs used:

Drug Preference? _____

How old were you when you used your first substance? _____

How old were you when you first thought you might have a substance abuse problem? ____

Drug of Choice? _____

Quantity? _____ How often? _____

Where and when did you usually use the substance? _____

Did you use drugs alone? _____ If so, how often? _____

When and how long was your longest period of abstinent from drugs? _____

Why/how did you return to using drugs?

Have you experienced any accidental or intentional overdoses? _____ If so, when:

Usual place or places of use:





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Longest length of sobriety: _____ Date of last use: _____

Last date you used any mood or mind altering drugs, including alcohol? _____

Do you think of yourself as an alcoholic, addict, or both? What makes you think that?
(Give your own definition)





Please list 3 References:

Name _____ Relationship _____ Telephone # _____

Name _____ Relationship _____ Telephone # _____

Name _____ Relationship _____ Telephone # _____

I understand that the information contained in this application form will be used to determine my eligibility for residency at The Mend House. I grant consent for management to verify information contained on this form and to obtain and verify other information affecting my eligibility and also my residency for up to 5 years. I also understand that there is a non-refundable \$900.00 deposit that is needed before I become a resident of The Mend House Sober Living Community. I certify that all the above information is true and complete to the best of my knowledge.

Date

Applicant's Signature

