

Application for Residence – SOARS Recovery House

Anyone applying to live at the SOARS Recovery House must read the Resident Handbook and submit this completed application prior to interviewing for admission. Must be sober a minimum of 30 days or be transitioning from a successfully completed residential treatment program. Residents of Logan or Champaign County receive preference. Must not have any violent criminal background or be classified as a sex offender. Must be engaged in treatment and in recovery from addiction. Must be connected to sober supports.

PERSONAL INFORMATION								
Print Your Full Name				Date of Birth		Age		
Phone			Email					
Social Security #			Marital Status		Spouse Name		Current Living Situation	
Current Address				City		State	Zip	
Children? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Custodian & Address				Allowed Visits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervised Visits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year/Make/Model				License #		
Valid Driver License? <input type="checkbox"/> Yes <input type="checkbox"/> No		State	Driver License #					
RECOVERY INFORMATION								
			Date of Last Use		Drug(s) of Choice			
Currently/recently in treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name & Location of Facility						
Did you complete successfully? <input type="checkbox"/> Yes <input type="checkbox"/> No		Discharge Date			Name of Counselor			
How do you plan to stay sober?								
Who referred you to SOARS Recovery House? (Name, Relationship & Phone)								
Are you involved with any sober supports? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, how often?			Do you have a sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you lived in a recovery house before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name & Location of House				When/How long?		
Why did you leave there?								
Why do you want to live at the SOARS Recovery House?								
What are the main issues you need to deal with while at SOARS? (Recovery or otherwise)								
EMPLOYMENT INFORMATION								
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name & Location of Employer			Job Title		How long employed?	
Current Monthly Income		What other types of work have you done?			Special Skills/Training			

If No, How long since last employed?	Are you willing/able to get a job within 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing/able to be self-supporting? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will someone else be helping you pay rent or deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No			Name/Relationship		Phone
Street Address			City	State	Zip
LEGAL INFORMATION					
List Pending Charges/Cases/Warrants					
Ever been incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	When/How Long?	Reason	Name & Location of Facility		
Currently on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Office				
Name of Probation Officer		Contact Phone	Are you a registered sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List Felony Convictions					
MEDICAL INFORMATION					
List All Medical/ Psychiatric Conditions			List All Current Medications		
Are You Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No Number of months _____					
Describe Any Injuries/Disabilities					
Describe Physical Limitations Resulting from Disabilities					
Name of Physician					
Are you receiving Suboxone, Subutex, Methadone, Vivitrol, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No			Physician Prescribing		
EMERGENCY CONTACTS (LIST TWO)					
Name		Relationship		Phone	
Street Address		City	State	Zip	
Name		Relationship		Phone	
Street Address		City	State	Zip	
I have read and agree to all house rules, and I swear every word of this application is true. (signature required)					
Signature				Date	

Questions? Contact Jon Brown, Executive Director Residential Administrators at 937-441-3617.
 jonb@resadmin.org