

Higher Ground Recovery House

Program Application Form

DATE: _____ Phone #: _____

Applicant's full name: _____
(Print) Last First Middle

DOB: _____ SS # _____ DOC # _____

E-mail: _____

Current Living Situation: _____ Since: _____

Previous Living Situation: _____ How Long: _____

Expected move-in date: _____ Level of Education _____

Marital Status: Married Divorced Separated Single/Never Married Widowed

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____

Gender: Male: Female:

Do you have a Social Security Card? Yes/No Do you have your birth certificate? Yes/No

Do you have a valid driver's license? Yes/No Do you have your own vehicle? Yes/No

Driver's License ID # _____ State: _____ License Plate # _____

If yes, what is the name of your car insurance agency? _____

Policy #: _____ Expiration Date: _____

Do you understand that if you are not on legal disability or retirement that you will need to maintain full time employment to participate in our housing opportunity? Yes/No

Source of Income: _____ Wages: _____

Employer Name: _____ Phone #: _____
(If applicable)

How long have you been employed? _____ Are you a registered sex offender? Yes/No

Spouse/Significant other's name: _____ Do you have children? Yes/No

Names/Ages of Children 18 and younger: _____

Do you have visitation with your children? Yes/No What days, or how often? _____

Child Support: \$ _____ monthly \$ _____ Overdue

Legal

Have you been accused or convicted of a violent crime? If yes, please explain:

Please list any pending charges: _____

Do you have a Probation/Parole officer or caseworker? Yes/No

PO/Caseworker's Name: _____ Telephone #: _____

PO/Caseworker's Address: _____

Emergency Contact

Emergency Contact #1: _____ Relationship: _____

Phone # _____ Address: _____

Emergency Contact #2: _____ Relationship: _____

Phone # _____ Address: _____

Emergency Contact #3: _____ Relationship: _____

Phone # _____ Address: _____

Medical: Are you currently under a doctor's care? Yes/No

Name(s) of doctor: _____

Address: _____ Phone # _____

Please list all allergies: _____

List any medical issues: _____

What medical issues should we be aware of? _____

What medications are you currently taking? _____

History of

Seizures: Yes/No If yes, dates: _____

TB: Yes/No If yes, dates: _____

Diabetes: Yes/No If yes, dates: _____

Hepatitis: Yes/No If yes, dates: _____

HIV/AIDS: Yes/No If yes, dates: _____

Other: Yes/No If yes, dates: _____

Mental Health

Have you ever been diagnosed with a mental health diagnosis? Yes/No

If so, what are your diagnoses? _____

Are you receiving mental health treatment? Yes/No

Do you take medication for your diagnosis? Yes/No

When was the last time you met with a mental health specialist? _____

Addiction History: Please rate 1 to 5 (5 being the greatest temptation, and zero if never been an issue for you.

_____ Drugs _____ Alcohol _____ Sex _____ Tobacco _____ Relationships

1st drug of choice? _____ Age at first use? _____ Date of last use? _____

2nd drug of choice? _____ Age at first use? _____ Date of last use? _____

3rd drug of choice? _____ Age at first use? _____ Date of last use? _____

Are you currently in any type of substance use treatment? Yes/No If yes, when did you enroll? _____

What agency are you receiving treatment? _____

How long until you complete the program? _____

Spirituality

Are you aware that HGRH is a Christian sober living home? Yes/No

What is your spiritual/religious background?

How do you feel about living in a Christian sober living environment? _____

Have you ever lived in a recovery house before? Yes/No

If yes, Name? _____ Where? _____

When? _____ Why did you leave? _____

Have you read, and do you understand the house rules and expectations? Yes/No

As a member of the house, are you willing to comply with all the house rules and expectations? Yes/No

Signature: _____ Date Signed: _____