Extended Recovery Residency Application

An electronic version of this application is available on our website at: https://www.foundationsrecoveryhouse.com/apply-now.

Personal Information

Print Your Full Name (First, Middle, Last)	Date of Birth	Age

Phone	Contact Person & Phone Number (Family, Discharge Coordinator, Peer Support, etc.))	Gender F M T

Email

Current Address	City	State	Zip

Marital Status	Do You Have Children? Yes No	If Yes, List Names & Ages

Referred By: Family/Friend Employer/Coworker Treatment or Human Services Professional Representative of Court/Judicial System No One Other_______________________	If Referred, Provide Name of Referring Person(s).	Requested Residency Entry Date

Where will you be coming from?

Driver Information

Valid Driver's License Yes No	State	Driver's License #

Own a Vehicle Yes No	Year/Make/Model	License Plate #

FOUNDATIONS
recovery house

Recovery Information

Date of Last Use	Primary Substance (check one)	Primary Substance Route of Administration (check one)
	Alcohol Amphetamines Benzoids Cocaine Hallucinogen Marijuana Opiates Other	Not Applicable Oral Smoking Inhalation Injection Other

Any IV Drug Use	Primary Substance Age of First Use	Have You Ever Relapsed
Yes No		Yes No

Currently/Recently in Treatment	Name/Location of Facility	Completed Successfully	Discharge Date
Yes No		Yes No	

Do You Attend 12-Step Meetings?	If Yes, How Often?	Do You Have a Sponsor?	Have You Lived in a Recovery Residence Before?
Yes No		Yes No	Yes No

Prior Recovery Residence(s), Length of Residency, & Reason for Leaving

Why Do You Want to Live at Foundations Recovery House?

Employment Information

Are You Currently Employed?	If Yes, Name & Location of Employer
Employed Full-Time (35+ hours per week) Employed Part-Time Unemployed and Looking for Work Unemployed and Not Looking for Work (e.g. retired, disabled, school, etc.) Other___________________________	

Job Title	Length of Employment	Current Monthly Income

If No, How Long Since Last Employed?	Are You Willing to Find Employment Within 30 Days?	Are You Willing to be Self-Supporting?
	Yes No	Yes No

What Type of Work Have You Done?	What is the Highest Level of Education Completed?
	Less than High School High School Graduate/GED Vocational Degree Some College 2-Year College Degree 4-Year College Degree Masters or PhD

FOUNDATIONS
recovery house

Employment Information (continued)

Currently Enrolled in School or Job Training Program?
Not Enrolled
Enrolled Part-Time
Enrolled Full-Time
Other _______________

Military Service
Yes
No

If Yes, What Branch & Type of Discharge?

Special Skills/Training

How Will You Pay for Your Weekly Extended Recovery Residence Fee? (self-pay, funding, etc.)

Legal Information

List Pending Charges/Cases/Warrants

Arrest History

Have You Ever Been Incarcerated?
Yes
No

If Yes, When/How Long?

Reason for Incarceration?

Name & Location of Facility

Currently on Probation/Parole?
Yes
No

If Yes, Location of Office, Name of Officer, & Contact Phone

Are You a Registered Sex Offender?
Yes
No

Have You Ever Been Convicted of a Sexual or Violent Crime?
Yes
No

List All Convictions

Medical Information

Previous Diagnosis (check all that apply)
Substance Abuse
Eating Disorder
Mood/Personality Disorder

Any Psychiatric or Medical History (including specific details of items checked)?

History of Self Harm?
Yes
No

Recent Suicidal or Homicidal Ideation?
Yes
No

If Yes, Describe

Are You Currently Taking Any Medications?
Yes
No

If Yes, List All Medications

Describe Any Injuries/Disabilities

Describe Physical Limitations Resulting from Injuries/Disabilities

Are You Physically Able to Use a Top Bunk?
Yes
No

Name & Phone of Primary Care Physician

Are You Receiving Suboxone, Subutex, Methadone, Vivitrol, etc.?
Yes
No

If Yes, Which One?

If Yes, Prescribing Physician

Emergency Information

Emergency Contact Name (First & Last)

Emergency Contact Relationship

Emergency Contact Phone Number

Emergency Contact Address	City	State	Zip

General Information

How Would You Rate Your Current Quality of Life?	Is Your Family Supportive of Your Recovery Efforts?
Very Good Good Neither Good nor Poor Poor Very Poor	Very Supportive Supportive Neither Supportive nor Unsupportive Unsupportive Very Unsupportive

What Would You Like to Accomplish During Your Stay at Foundations Recovery House?
If Accepted into our Program, What are Three (3) Goals You'd Like to Achieve While at Foundations Recovery House and Why Are They Important to You?
What Potential Challenges Do You See in Improving Your Recovery?
What Else Would Be Helpful for Us To Know About You To Best Serve You?