Foundations Recovery House

Building Better Lives

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

Social Security #	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

Building Better Lives

Recovery Information

Date of Last Use	Drug of Choice (check all that apply)	Substance(s) Abused (Specific details of items checked)
	☐ Alcohol ☐ Hallucinogen ☐ Amphetamines ☐ Marijuana ☐ Benzoids ☐ Opiates ☐ Cocaine ☐ Other	

Any IV Drug Use	Age You Began Using	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 ☐ 2-Year College Degree ☐ High School Graduate/GED ☐ 4-Year College Degree ☐ Vocational Degree ☐ Masters or PhD ☐ Some College

Foundations Recovery House

Building Better Lives

Employment Information (continued)

Currently Enrolled in School or Job Training Program?	Military Service	If Yes, What Branch & Type of Discharge?
☐ Not Enrolled ☐ Enrolled Part-Time ☐ Enrolled Full-Time ☐ Other _____	☐ Yes ☐ No	

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?	If Yes, When/How Long?	Reason for Incarceration?
☐ Yes ☐ No		

Name & Location of Facility

Currently on Probation/Parole?	If Yes, Location of Office, Name of Officer, & Contact Phone
☐ Yes ☐ No	

Have You Ever Been Convicted of a Sexual or Violent Crime?	List All Convictions
☐ Yes ☐ No	

Medical Information

Previous Diagnosis (check all that apply)	Any Psychiatric or Medical History (including specific details of items checked)?
☐ Substance Abuse ☐ Eating Disorder ☐ Mood/Personality Disorder	

History of Self Harm?	Recent Suicidal or Homicidal Ideation?	If Yes, Describe
☐ Yes ☐ No	☐ Yes ☐ No	

Are You Currently Taking Any Medications?	If Yes, List All Medications
☐ Yes ☐ No	

Describe Any Injuries/Disabilities	Describe Physical Limitations Resulting from Injuries/Disabilities

Name of Primary Care Physician	Primary Care Physician Phone Number

Are You Receiving Suboxone, Subutex, Methadone, Vivitrol, etc.?	If Yes, Which One?	If Yes, Prescribing Physician
☐ Yes ☐ No		

Foundations Recovery House

Building Better Lives

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?

- ☐ Very Good
- ☐ Good
- ☐ Neither Good nor Poor
- ☐ Poor
- ☐ Very Poor

Is Your Family Supportive of Your Recovery Efforts?

- ☐ 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?