

Community Counseling Center Recovery Housing Application

Name:

Date of Application:

Date of Birth:

1. Do you have any physical health diagnoses that you are currently (or have recently) received/receiving treatment for? yes no

If yes, please describe.

2. Have you recently been diagnosed with any infectious conditions? (For example: HIV/AIDS, Hepatitis, MRSA, VRE, Scabies, Lice, Tuberculosis, Bed Bugs, COVID-19.) yes no

If yes, what treatment have you received for this condition?

3. Do you have any major allergies? yes no

If yes, to what?

4. Do you have a health condition or disability that requires special accommodations? yes no

If yes, please describe.

5. Name and contact information of Primary Care Physician:

6. Please list all prescribed medications and dosages:

7. Are you currently pregnant? yes no

If yes, please list your OB/GYN provider's name and contact information.

Community Counseling Center Recovery Housing Application (cont.)

Name:

8. Number of children?

9. Number of children that will be living with you in the Recovery House?

10. Please provide the name(s), gender(s), and age(s) of your children below. If any of them have any medical diagnoses, infectious conditions, or major allergies that they are currently being treated for, please also include that information.

11. How long have you been in recovery?

12. Have you lived in recovery housing in the past? yes no

If so, where and when?

13. Have you been diagnosed with a Substance Use Disorder? yes no

If yes, please describe.

14. Are you currently actively using any substances (legal or illegal)? yes no

If yes, please list all substances currently being used, along with last date of use:

15. Are you currently receiving Medication Assisted Treatment? yes no

If yes, please list medication and prescriber:

16. Are you currently receiving Mental Health or Substance Use Disorder treatment? yes no

If yes, please list treatment and agency.

17. Do you currently attend AA/NA or other recovery support meetings? yes no

If so, what, where and when?

Community Counseling Center Recovery Housing Application (cont.)

Name:

18. Do you currently have a sponsor? yes no

If yes, are you willing to provide us with their name and number? yes no

19. Have you ever been convicted of a felony? yes no

If yes, please check all that apply:

- Have you ever been convicted for any act(s) of violence? yes no
- Have you ever been convicted for any acts of child or elder abuse? yes no
- Have you ever been convicted with any type of sex crime? yes no
- Have you been convicted of a crime that resulted in the death of another person? yes no

If you answered yes to any of these questions, please describe:

20. Do you have further legal involvement? yes no

If yes, please check all that apply:

- Do you currently have pending charges? yes no
- Are you a current participant in any specialized docket (such as Drug Court)? yes no
- Do you have an open case with Children Services? yes no
- Do you have an open restraining order against another person? yes no

If you answered yes to any of these questions, please describe:

21. Do you have current concerns for your safety or the safety of your children? yes no

If yes, please explain.

22. Do you require assistance with completing activities of daily living (such as cooking, cleaning, shopping, paying bills, etc.)? yes no

If yes, please explain.

23. Current address:

24. Current (working) phone number:

25. Alternate phone number for text or voicemail if we can't reach your primary number:

26. Is there any other information you feel we should know about you as we consider your application?