Application for Residency

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nickname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B. \_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been in **a controlled environment** the last 30 days? YES NO

If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you in active recovery? YES NO If YESs, how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you been to rehab? YES NO If YES, how many times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How long was your last stay? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is your drug of choice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. When did you last use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***MANDATORY MINIMUM OF 30 DAYS CLEAN***
6. Do you have any outstanding charges/warrants? YES NO If YES, County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

List charges/warrants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you on parole or probation? YES NO If yes, Name of PO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PO Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PO Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

1. What date do you want/need to move in? \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_
2. Are you currently employed? YES NO If YES, Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If YES, How Long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, how do you intend to pay your rent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any medical conditions that would affect your residency? YES NO

If YES, please advise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently taking any MEDICATIONS? YES NO (if ANY changes to medication(s), while residing @ SRI, you agree to notify a member of the Leadership Team immediately).

If YES, disclose **ALL** medication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are prescribed a Medically Assisted Treatment (MAT) for Substance Use Disorder at ANY TIME DURING YOUR RESIDENCY, IT *MUST BE DISCLOSED IMMEDIATELY TO THE LEADERSHIP TEAM.*  S.R.I. has strict protocol for administration & verification of this medication, to which you must comply. While a resident of SRI, *you agree to keep the medication in a safe/lock box* (one can be provided, if requested).**

1. Are you currently attending AA and/or NA meetings? YES NO
2. If YES, how many meetings per week? \_\_\_\_\_\_\_\_\_\_\_\_\_ Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have a Home Group? YES NO If YES, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you enrolled in an IOP? YES NO If YES, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you have valid Driver’s License or ID? YES NO A copy must be provided @ intake or ASAP.
6. Do you have a vehicle that will be garaged at SRI? YES NO

If yes, Year, Make, Model, Color & License Plate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A copy of your Insurance Auto ID card must be provided for verification of insurance coverage**

1. Do you have current **MEDICAL** insurance coverage? YES NO

**A copy of your Insurance ID card must be provided for verification of insurance coverage**

1. Are you currently receiving food stamps? YES NO
2. Would you like assistance in applying for State Assistance? Including Medical/Food Stamps, etc? YES NO
3. **Emergency contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Admission & Financial Requirements***

1. Must be 18 years of age or older
2. **Must provide a copy of Identification or Driver’s License**
3. Must be willing to obtain employment or perform community service
4. Must be willing to actively participate in a recovery program
5. Must be able to **pay &** **keep current with weekly rent payments (WEEK = Sunday-Saturday)**
6. Must ***NOT*** have any outstanding warrants
7. Must currently have a **Minimum of 30 days of sobriety**
8. Must read & agree to compliance of S.R.I. General Conduct Policies by signing Acknowledgement in the presence of an SRI representative.
9. **Must agree to take drug & alcohol screen @ Admittance with passing results.**

**RESULTS: Pass Fail DATE: \_\_\_\_\_\_\_\_ Administered & Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Must not have any symptoms or been in contact with anyone who has tested positive for COVID-19 within the past 14 days, as well as NOT having an abnormal temperature (ABOVE 98.6 DEGREES).**

**TEMPERATURE: \_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_ Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***INITIAL ADMISSION COSTS:***

$\_\_\_\_\_\_\_\_ Refundable Security Deposit\*\*  
$\_\_\_\_\_\_\_\_ First Weeks Rent (non-refundable)

$\_\_\_\_\_\_\_\_ Second Weeks Rent (non-refundable)

$\_\_\_\_\_\_\_ Administrative Fee (non-refundable) **$\_\_\_\_\_\_\_\_ Total Due upon Admission (Receipt given upon receipt)**

**$\_\_\_\_\_\_\_\_\_ TOTAL RECEIVED: SQUARE** CASH MO CHECK# \_\_\_\_\_\_ **FUNDING\***: CABHC FHCCP OTHER

***\*\*If funded, Approval Letter MUST be received by SRI prior to residency & by signing below, you agree to pay the REFUNDABLE Security Deposit & Administrative Fee (non-refundable) within 14 days of residency.***

**THIRD week of rent will be pro-rated THROUGH SATURDAY, based on move-in date.**

\*\*(Security Deposit is refundable with a MINIMUM of 3 months residency, recovery participation, compliance of General Conduct Policies (no violations/fines), a minimum two (2) week ***WRITTEN*** notice of intent to move out resulting in successful completion of our program).

Amenities: The weekly rent includes Utilities, Bed & Bath Linens, Cable TV, Unlimited Local Telephone, High Speed Wireless Internet, access to washer/dryer, kitchen & common areas, etc.

The General Conduct Policies have been reviewed & explained to me. I agree to obide by them, as explained.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed, Witnessed & Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_