



## RESIDENT APPLICATION

Submit the completed form to **srisober@gmail.com**

Full Legal Name:

\_\_\_\_\_

Nickname: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age:

\_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address:

\_\_\_\_\_

1. Have you been in a controlled environment the last 30 days? Yes or No

If yes, where:

\_\_\_\_\_

2. Are you in active recovery? Yes or No If yes, how long?

\_\_\_\_\_

3. Have you been to rehab? Yes or No If yes, How many times?

\_\_\_\_\_ How long was your last stay? \_\_\_\_\_

Where? \_\_\_\_\_

4. What is your drug of choice?

\_\_\_\_\_

5. When did you last use?

\_\_\_\_\_

6. Do you have any outstanding charges/warrants? Yes or No If yes, County:

\_\_\_\_\_



List charges/warrants:

\_\_\_\_\_

7. Are you on parole or probation? Yes or No If yes, Name of PO:

\_\_\_\_\_ Phone # of PO: \_\_\_\_\_

8. End Date \_\_\_\_\_

9. What date do you want/need to move in? \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Are you currently employed? Yes or No If yes, Where:

\_\_\_\_\_

If yes, How Long? \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

11. Do you have any medical conditions that would affect your residency? Yes or No

If yes, please advise:

\_\_\_\_\_

12. Are you currently taking any medications? Yes or No

If yes, disclose **ALL** medication(s):

\_\_\_\_\_

\_\_\_\_\_

**If you are prescribed a Medically Assisted Treatment for Substance Use Disorder, THIS MUST BE DISCLOSED IMMEDIATELY UPON RECEIVING; please be advised S.R.I. has strict protocol for administration of this medication. If you are accepted, this will be explained in greater detail.**

13. Are you currently attending AA and/or NA meetings? Yes or No



If yes, how many meetings per week? \_\_\_\_\_

Where: \_\_\_\_\_

14. Are you enrolled in an IOP? Yes or No

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

15. Do you have valid identification? Yes or No

Can you provide a copy to us? Yes or No

16. Do you have a valid Driver's License? Yes or No

Can you provide a copy to us? Yes or No

17. Do you have a vehicle that will be garaged at SRI? Yes or 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**

18. Do you have current **MEDICAL** insurance coverage? Yes or No

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

19. Are you currently receiving food stamps? Yes or No

**20. Emergency contact:**

a. Name:

\_\_\_\_\_

b. Phone Number: \_\_\_\_\_

c. 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 keep current with weekly rent payments
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
9. **Must be drug & alcohol free and pass a UDS @ Acceptance.**

**RESULTS:** Positive      Negative      **DATE:** \_\_\_\_\_ **Administered & Verified by:** \_\_\_\_\_

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

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

#### Initial Admission Costs:

\$125 Refundable Security Deposit\*\*

\$125 First Weeks Rent

**\$250 Total Due upon Admission (Written receipt upon receiving)**

**\$250 RECEIVED:** CASH      CHECK# \_\_\_\_\_ **FUNDING:** CABHC    FHCCP OTHER

\*\*(\$125 Security Deposit is refundable with a minimum of 3 months residency, recovery participation, compliance of General Conduct Policies & successful completion of our program).  
**Second week of rent will be pro-rated based on move-in date (\$18/DAY).**

Weekly Costs & Amenities: The weekly rent is \$125, which includes Utilities, Bed & Bath Linens, Cable TV, Unlimited Local Telephone, High Speed Wireless Internet, access to washer/dryer, kitchen & common areas, etc.

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

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

Date \_\_\_\_\_ Assigned to Room # \_\_\_\_\_