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**Template Questions for Application/ Evaluation to move into a recovery home**

Application to Move into [Recovery Home Name]

**Personal Information:**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recovery Information:**

How long has it been since you have last used illicit drugs or alcohol?

Have you completed any formal addiction treatment programs or therapy?

Yes

No

If yes, please provide details (including the name of the program, duration, date completed):

Are you currently attending any support group meetings (e.g., AA, NA, SMART Recovery)?

Yes

No

Do you have a sponsor, recovery mentor, pastor or similar person in your life that you are actively working with?

Yes

No

How Long have you been working with them?

What have you learned on your recovery journey so far?

What do you think you need to be successful on your recovery journey?

**Recovery Program Information:**

Why do you want to live in a recovery home?

What do you expect to get out of living in a recovery home?

Have you previously lived in a recovery home or a sober living environment?

Yes

No

If yes, please provide details:

Are you willing to participate in regular drug and alcohol testing while living in the recovery home?

Are you committed to maintaining abstinence from illicit drugs and alcohol during your stay at the recovery home?

Are you willing to share with the recovery home what prescription medications you are taking and in what amounts?

Are you willing to be open and honest with all your health care providers about your substance use history and decision to not use illicit drugs or alcohol?

Are you willing to only use prescription medications that are prescribed to you by such health care providers and only take them as they have been prescribed?

Are you open to participating in house meetings and other recovery-related activities as required by the recovery home's policies?

Do you have any specific goals or plans for your recovery while living in the recovery home?

Do you have any questions for us that we can answer to help you make a decision if this is the right place for you?

**Policies and Procedures Agreement:**

I understand that living in a recovery home requires adherence to its policies and procedures. I have received a copy of the recovery home's rules and regulations and agree to abide by them. I understand that non-compliance may result in eviction from the recovery home.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments or Information:

Please use this space to provide any additional information or comments you believe are important for us to consider in your application.