



Sober Housing Application

FreedomWorks Recovery Community Supportive Housing promotes safety, security, and sobriety for each of our residents. Our program provides our program residents adequate structure and accountability with enough freedom to manage their own lives while complying with the expectations of the FreedomWorks Recovery Community.

Qualifications for our Sober Housing: Graduated long term treatment (12 months' min), a minimum of 6 months track record of sobriety, Employed for a minimum of 6 months at the same employer, First month and security deposit

FreedomWorks staff will review the application materials. At the end of the review process, FreedomWorks staff will promptly send you a letter to advise you of their decision.

Please Print Clearly

Date of Application ____/____/____

Personal Information

Applicant's Name _____ SS# _____
First M.I. Last

Date of Birth ____/____/____ Phone number (____) ____-____ Email _____

Current Street Address: _____
Street Apt. City State Zip Code

Own a Vehicle: Y/ N Year/Make/Model _____ License # _____

Valid Driver's License: Y/N State _____ Driver's License: _____

Desired Move-in date _____ Who referred you to us? _____
(mm) (dd) (yyyy)

Criminal History

Ever been incarcerated? Y/N When/ How Long? _____ Reason _____

Currently on probation/parole? Y/N Are you on Intensive Supervised Release? Y / N

Have you ever been convicted of a sex offense? Y/N

Do you have any current or pending charges? _____





Medical History

List Current Meds: _____

Your Recovery

Addictions

Addiction type(s): Drugs _____ Alcohol _____ Gambling _____ Other (Please specify): _____

List your drug(s) of choice: _____

Date of last use: ____/____/____ What Used: _____

Past Treatment Program I've been in: _____ Did you complete it? Y/ N

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Do you attend 12-step meetings? Y/N How often? _____ Do you have a sponsor? Y/N

Sponsors Name _____ Phone/email: _____

Have you lived in a Sober House before? Y/N When/ How long? _____

Name & Location of House: _____

Why did you leave? _____

Employment

Are you employed? Y/N

If Yes, Name & Location of Employer: _____

Job Title: _____ How long employed? _____ Current Monthly Wage: _____

Name & Location of 2nd Employer: _____

Job Title: _____ How long employed? _____ Current Monthly Wage: _____





Emergency Contact

Name/Relationship: _____ Phone _____

References

Name/Relationship: _____ Phone _____

Name/Relationship: _____ Phone _____

I authorize you to contact my counselors, caseworker, parole officer and any other supportive team member for additional information if needed.

Applicant Signature _____ **Date** _____





Release of Information Authorization Form

Applicant's full name _____
 First **Middle Initial** **Last**

Date of birth ____/____/____ SSN: _____

I _____ (print name) authorize FreedomWorks staff the right to speak to individuals, referrals and/or agencies regarding my acceptance into FreedomWorks Sober Housing Recovery Community.

I also authorize FreedomWorks staff to review and/or to receive mental health, physical health and probation/parole records upon request. I understand that:

- 1. My health information is protected by Federal Confidentiality Rules (42 CFR Part 2; and/or HIPAA, 45 CFR) and state privacy laws, and disclosure is allowed only with my authorization except in limited circumstances as outlined in FreedomWorks policies. I also understand that I have the right to inspect and receive a copy of my treatment records that may be disclosed to others as provided under applicable state and federal laws.
- 2. I can revoke this authorization in writing at any time by providing a written notification to FreedomWorks, except to the extent that action has been taken in reliance on it.
- 3. Communications resulting from this authorization will reveal that I have received or have attempted to receive accommodations at FreedomWorks' Sober Housing Recovery Community.
- 4. Federal confidentiality regulations prohibit disclosure of information.
- 5. While living in the FreedomWorks Sober Housing Recovery Community. I cannot revoke the authorization release of information. I can however revoke this authorization upon leaving FreedomWorks.

Applicants Signature: _____ Date: ____/____/____

FreedomWorks Staff: _____ Date: ____/____/____

I chose to revoke this authorization.

Participant Signature: _____ Date: ____/____/____

