

Please answer ALL QUESTIONS in order to have your application reviewed fairly

## Silver House Sober Living Resident Application ( \_\_\_\_\_ )

You are required to write a brief resident bio letter at the end of this application. We want to know who you are, where you came from, and where you want to go in life. This section is required to process application. Please write clearly.

Name: \_\_\_\_\_ Case/DOC#: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ **Circle One:** Single Married Divorced Separated

Identification: **(Circle)** Driver's License AZ ID Card DD-214 SS Card Birth Certificate Tribal Other: \_\_\_\_\_ Gender: **(Circle) Male Female**  
 Are you pregnant **YES NO** Ethnicity \_\_\_\_\_ Veteran **YES NO**

How did you hear about our program? \_\_\_\_\_ Current Contact Phone \_\_\_\_\_  
 \_\_\_\_\_ On what date do you need housing? \_\_\_\_\_

Are you receiving benefits? **YES NO** Circle All that apply: SSD SSI Unemployment Workman's Comp Food Stamps Bus Pass Other

Prior Living Situation **(Circle One)** Streets Shelter Detox Jail/Prison Rental Housing Transitional Living Hospital Treatment

Where did you grow up? \_\_\_\_\_ Do you have financial means to pay your first 2 weeks' fees? **YES NO**

In case of emergency notify: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Drug of Choice: \_\_\_\_\_ Date Last Used \_\_\_\_\_

List names and dates of all treatment programs, outpatient programs, shelters, domestic violence shelters, and halfway houses attended. (Be specific) \_\_\_\_\_

Are you willing to detox if needed? **YES NO** Have you ever attended addiction support groups? **YES NO** How long? \_\_\_\_\_

Are you willing to attend seven (7) 12 step or SMART Recovery meetings a week? **YES NO**

Are you a member of: NA AA CA SMART CMA

If attending a 12 Step Group, are you willing to work with a 12-step sponsor each week? **YES NO**

How many attempts have you made to get clean and sober in the past?

Most clean/sober time attained? \_\_\_\_\_

### SUBSTANCE ABUSE HISTORY

Substance Used	Frequency of Use	Age First Used	Date Last Used	Route (oral, smoke, inhaled, injected, other)	Other Drugs Used

### EMPLOYMENT HISTORY (List Most Recent Employer First)

Employer Name	Phone	Start Date	Date Ended	Position	Supervisor Name	Hourly Pay Rate

Are you willing (YES NO) and capable (YES NO) of working 40 hours a week of gainful employment? If no, why? \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Education Completed (Circle all that apply) High School GED Vocational School Junior College  
University Other \_\_\_\_\_ Do you plan to continue your education? \_\_\_\_\_

Are you under physician's care? YES NO  
If yes, why? \_\_\_\_\_

Phone: \_\_\_\_\_

Agency: \_\_\_\_\_

Dr. Name: \_\_\_\_\_

List all past and current physical medical issues: \_\_\_\_\_

List all past and current psychiatric encounters: \_\_\_\_\_

Are you under the care of a behavior health facility: YES NO Agency Name \_\_\_\_\_ How long? \_\_\_\_\_

List ALL Medications Prescribed: \_\_\_\_\_

Have you ever attempted suicide? YES NO If yes, explain: Date: \_\_\_\_\_ Where: \_\_\_\_\_ Circumstances: Are you suicidal now?

YES NO Do you have current charges? YES NO If yes, what? If yes, next court date: Are you on supervision? (Circle One) IPS Direct

Regular Parole Fed Probation No Supervision Agency: Are you a violator? YES NO Explain Parole Conditions?:

PO Name \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Have you ever been arrested for any sex crimes? YES NO If yes, explain \_\_\_\_\_

List all arrests, convictions, sentences, prior prison or jail commitments, and probation history. (list places and dates – use blank paper if needed)

***Application forms require this information to process. Who can we call to verify this application? (Circle One) Parole/Probation Public Defender Attorney Case Manager COIII Pretrial Family Member Case Manager Other \_\_\_\_\_***

Name \_\_\_\_\_ Fax (Required) ( ) \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

All information on this application is true to the best of my ability:

Client Name (Print) \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Comments: \_\_\_\_\_

**Resident Bio-Letter** **Pg #3**  
**Please fill out completely – Required for acceptance**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_

Please tell us about yourself:

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Please tell us why you desire to live at Silver House Sober Living:

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What abilities do you think you possess that will help you be successful?

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What are your reasons for applying?

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What actions do you think you will need to take in order to accomplish the goal of independent living? -

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Where do you see yourself in one year?

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The undersigned understands and acknowledges that Silver House Sober Living maintains an alcohol and drug free shared housing property. The undersigned resides in the **capacity of a lodger sharing a housing unit and not as a tenant with rights or possession of space exclusively**. A resident may stay as long as needed but not less than 30 days.

The undersigned agrees to pay a weekly program fee of \$125.00, paying two week's program fees before moving in (unless otherwise cleared with director), and program fees are due weekly on Friday's. We expect each resident to be financially responsible.

The undersigned lodger agrees to participate in and abide by the policies and rules set by The Silver House Sober Living. The undersigned agrees to vacate the shared accommodation when rules are violated. The following house policies are to be observed by all residents. These policies have been set forth by Silver House Sober Living to maintain a clean, safe, and healthy living environment for those in recovery and to those who are willing and ready to transition back into society. As a sober living house, you are required to participate in your recovery.

THIS AGREEMENT, entered on this day of \_\_\_\_\_ between Silver House Sober Living and (name of occupant) \_\_\_\_\_

All residents must obey the following rules:

**Drug and Alcohol Use:** Occupancy is made available on the strict understanding that the house is to be at all times drug and alcohol free. Should a resident use any illicit drug, consume alcohol or take drugs not prescribed by a physician, the resident may be discharged immediately from the house. **Protecting and/or knowing a fellow resident who is drinking or using may cause immediate dismissal. Report all suspicious activity to the house manager. No narcotics medications are allowed unless approved by the Director.**

**Work:** We require all residents to work, attend school, or be financially responsible for program fees.

**Standard Curfew:** For all unemployed residents' curfew is 7:00 pm / Seven days a week. All employed residents will be expected to return to the house by 10:00 pm Sunday through Thursday, 12:00 am (Midnight) on Friday/Saturday. Anyone requesting an overnight pass must have the Housing Director and PO's approval. All Pass requests are to be discussed at the House meeting.

**Need Assistance:** For those with personal or employment issues or regarding outside issues, call Michael Fletcher at (520) 585-2919 or Ali Byers at (520) 771-3452. The house manager is available for all housing questions. If you need help, please reach out. A part of recovery is to learn how to ask for help.

**Mandatory Weekly House and 12-Step Meeting:** All residents will attend one weekly mandatory house meeting to discuss house issues. Those who miss the meeting may be discharged from the house. **Seven (7) 12-step or recovery meetings are required each week for all residents.** Meeting attendance forms will be issued by house managers. **12-Step sponsorship is mandatory.**

**House Liability:** Silver House Sober Living is not liable for any personal property during or after the resident's discharge from the house. Silver House Sober Living will dispose of all personal property after 72 Hours.

**Sleeping Areas:** There is no sleeping on couches at all: **DAY OR NIGHT.** Everyone **WILL** sleep in their beds.

**Chores:** All residents will be required to complete assigned weekly chores.

**No Food Areas:** Food will be eaten in the dining or living areas only. No food in bedrooms please. Eat in the dining room or living room.

**Housekeeping:** Each resident is responsible for washing their own dishes, keeping sleeping areas clean and making beds daily. Residents are responsible for cleaning all community living areas such as: kitchen, bathroom, living room, den, patios, backyard, grounds and laundry room. Residents will keep the premises clean at all times. All residents are assigned weekly house chores.

**No smoking or E-cigarettes** in the house. No exceptions. **Termination is automatic.**

**Without the owner's written permission resident will not:**

- ◆ Drill or attach anything to the floors, walls or ceiling of the house
- ◆ Bring in any dish washing, heating, ventilating, or air conditioning units, or any water filled furniture
- ◆ Put in any shades, blinds, window guards, in or outside of the premises.

**Intimidation and/or violence:** Any open or subtle hints of intimidation or violence towards residents or staff are grounds for immediate discharge from the house. No exceptions.

**No sexual activity** in the house. No exceptions.

**Fees:** Residents agree to pay weekly program fees on time in full with **money order only**.

**Grievances:** Grievances will be discussed at weekly house meetings.

**Consequences:** The staff of Silver House Sober Living reserves the right to enforce the above rules. Any infractions of the agreement may include discharge from the house.

**Did you read and understand the lodging agreement and responsibility statement? YES NO**

Signature of Lodger \_\_\_\_\_

Dated: \_\_\_\_\_

Printed Name of Lodger \_\_\_\_\_

Dated: \_\_\_\_\_

**Silver House Sober Living Responsibility Statement ( 20\_\_ ) Pg #5**

I, (please print) \_\_\_\_\_, voluntarily enter into the Silver House Sober Living, a transitional living home. I understand it is an alcohol and drug free house program. Please initial each line item that you understand your responsibilities while housed at Silver House Sober Living.

1. I will not use drugs or alcohol, or any mind-altering substances. I will submit to a random drug test when asked.
2. I agree to abide by the rules and regulations of Silver House Sober Living as outlined in the Lodging Agreement, which I have signed.
3. I will obtain a 12-step sponsor within 2 weeks and regularly participate in a program of recovery.
4. I will pay weekly program fees on time with money orders only.
5. I will attend the mandatory scheduled in-house weekly meeting.
6. I will attend 7 outside 12-step/recovery meetings a week.
7. I agree to voluntarily participate in assigned work activities at the house.
8. I understand that when I vacate the premises, I must take all of my belongings at that time. Any personal belongings left at Silver House Sober Living **72 Hours** after my departure shall be the property of Silver House Sober Living and will be given to the residents in need or otherwise donated.
9. I agree to adhere to curfew regulation as discussed in the Lodging Agreement.
10. I will give at least one weeks' notice before vacating.
11. I understand that Silver House Sober Living is not liable for loss or theft of personal property including money.
12. I understand that I will treat the Silver House Sober Living staff with courtesy and respect.
13. I have NEVER been arrested or convicted of any sex crimes or arson.
14. The only visitors allowed on property are PO's and male sponsors.
15. No sexual activity in the house at any time
16. No pets allowed

I have read and understand the foregoing, and I have initialed all line items, and understand that my failure to comply with this agreement may result in discharge from the property.

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

Staff Witness: \_\_\_\_\_