



Application for BSBB House Residency

Please fill this application out accurately and to the best of your knowledge.

Demographic Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Email _____

SSN: _____

Sex: _____ Marital Status: _____ # of Dependents _____

Driver's License Number: _____ License Plate Number: _____ Registration Number: _____

Are you currently employed? ☐ YES ☐ NO Employer: _____ FT or PT Work Phone _____

Income Range: \$0-\$10,800 \$10,801-\$24,000 \$24,001-\$50,000 \$50,000-\$75,000 \$75,000+

Are you willing to find employment within 15-30 days?..... ☐ Yes ☐ No

Are you willing to abide by BSBB House curfew 11pm-6am?..... ☐ Yes ☐ No

Are you willing to meet weekly with a case manager to work toward long term stabilization goals? ☐ Yes ☐ No

Emergency Contact: _____ Phone: _____ Relationship: _____

Drug Use History

Drug of Choice: _____ Alcohol _____ Drugs List: _____

Do you believe you are an alcoholic/addict? ☐ Yes ☐ No

Last Drink/Use Date: _____ Sobriety/Clean Date: _____

What is your longest period of abstinence? _____

Are you willing to submit to random drug tests and preliminary breath tests? ☐ Yes ☐ No

Treatment Information

Are you currently in treatment?..... ☐ Yes ☐ No

Name of Most Recent Facility: _____ Discharge Date: _____

Recovery Support History

What is your preferred 12 Step Group?..... ☐ AA ☐ NA ☐ Other _____

Are you willing to attend at least one AA/NA/CR meeting per week? ☐ Yes ☐ NO

Have you ever been a member of Face It Together? ☐ YES ☐ NO

Would you be willing to receive peer recovery support while being a resident? ☐ YES ☐ NO

☐ ☐

Medical History

Are you currently being treated for any physical medical conditions? ☐ Yes ☐ No

If yes, please describe: _____

Are you willing to go to a medical appointment within the first two weeks of becoming a resident? ☐ Yes ☐ No

Are you currently seeing a psychologist, psychiatrist, or mental health professional? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever attempted suicide? ☐ Yes ☐ No Date of Incident? _____

Are you on any prescribed medications? ☐ Yes ☐ No

Please list prescription/dosages: _____

*****Failure to report medications at the time of application may result in dismissal from the program. *****

Legal History

Are you currently involved with the legal system in any way? ☐ Yes ☐ No

If yes, please explain: _____

Are you currently under parole, probation, or suspended imposition of a sentence? ☐ Yes ☐ No

CSO or PO Name: _____ Phone Number: _____

Are you willing to sign a release of information for BSBB House to communicate with this person? ☐ Yes ☐ No

Are you a registered sex offender? ☐ Yes ☐ No

Do you have a history of violent crimes on your record? ☐ Yes ☐ No

Past Legal Issues: Please indicate any past charges, convictions, prison sentences, DWI, probation's, paroles, etc.
Be complete and specific: _____

Legal Status of your Driver's License: ☐ Valid ☐ Revoked ☐ Suspended Other _____

Do you have a vehicle? ☐ Yes ☐ No Do you have a current driver's license, insurance, and registration? ☐ Yes ☐ No

Financial Information

Are you on any Public Assistance? ... ☐ Yes ☐ No What assistance do you receive? _____

Cash \$ _____ (Amount per month) Food Support \$ _____ (Amount per month)

Medical Assistance _____ Insurance Provider and card number: _____

Expectations and Responsibilities

Four absolutes that are grounds for immediate dismissal from the BSBB House:

1. Possession of mood-altering substances, including alcohol.
2. Returning to the BSBB House under the influence from mood-altering substances, including alcohol.
3. Exclusive relationships between BSBB House members or sex in the home.
4. Any violence or threats of violence.

Are you willing to?

1. Meet weekly with a Case Manager for additional supportive services? ☐ Yes ☐ No
2. Communicate with the BSBB Director concerning work and medications? ☐ Yes ☐ No
3. Abide by the no overnight absences policy? ☐ Yes ☐ No
4. Abide by the BSBB House no visitor policy? ☐ Yes ☐ No
5. Respect your fellow houseguests, the neighbors, and the BSBB House facility? ☐ Yes ☐ No
6. Abide by all county, city, state, and federal laws? ☐ Yes ☐ No

BSBB HOUSE GUEST AGREEMENT

____I understand that this application needs to be completely accurate and honest. I understand that if the application is not accurate, I may be asked to leave BSBB House immediately.

____I understand I am a guest at the BSBB House.

____I understand that I must be able and capable to care for myself, comply with daily house requirements, and find employment without the need of supervision.

____I understand that I will be required to meet weekly with my case manager, ensuring that I stay focused on long term stabilization goals.

BSBB House Guest: _____ Date: _____

BSBB House Director/Representative: _____ Date: _____