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# 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:

## 12-Step Program History

What is you preferred 12 Step Group?............................................... AA NA Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to attend 1 AA/NA/CR meeting per week? ………………………………………. Yes NO

Do you currently have a sponsor?

Yes

No—Are you willing to obtain a sponsor?....................................... Yes No

Have you ever completed 90 meetings in 90 days to strengthen your recovery?.......................................... Yes No

## Medical History

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

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 prescriptioins/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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_