



RECOVERY HOUSING APPLICATION

To be considered for acceptance into a Ten16 Recovery House an applicant must complete this application, fill out a background check release and submit the cost of the background check. Carefully read the application and attached pages and honestly answer the questions. You will find Ten16 Recovery Houses a place where you can begin a sober, healthy, productive, and giving life. Please note that Ten16 Recovery Housing is not treatment, not covered by most commercial insurance and you must have the ability to pay weekly. If you are covered by Medicaid or the Healthy Michigan Plan, there are State dollars available to cover the housing costs.

Personal information:

First Name: _____ Last Name: _____

Address: _____
(cannot use a treatment center address, please use your last known address)

City: _____ State: _____ County: _____ Zip Code: _____

How long have you lived at this address: _____ months or _____ years _____ Date of Birth: ____/____/____

Cell Phone: (____) _____ Home Phone: (____) _____ Work Phone: (____) _____

Emergency Contact (Name & Number): _____

Recovery:

When did you attend your first 12 Step meeting: _____

How many 12 Step meetings do you attend per week: _____ Do you have a Sponsor: Yes No

Are you involved in other recovery programs: Yes, which program(s): _____ No

Alcohol and Drug Misuse History:

List your primary drug(s) of choice: _____

Date of last drink: ____/____/____ (month, date, year)

Date of last drug use: ____/____/____ (month, date, year) What drug did you use: _____

Date of last drug use: ____/____/____ (month, date, year) What drug did you use: _____

Have you ever relapsed: Yes No If so, how many times: _____ Date of most recent relapse: _____

Treatment History:

Have you ever been in treatment? Yes No With Ten16 Recovery Network at any level: Yes No

Agency: _____ Detox Res OP Date of last treatment: _____

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Are you actively in counseling*? Yes No? *Must attend Ten16 Outpatient Services in order to live in one of the houses

Are you currently prescribed any controlled substances including Methadone or Suboxone?* Yes No

* As an abstinence-oriented, recovery focused agency, Ten16's Recovery Housing program does not allow the use any controlled substances, Schedule 2 through Schedule 5, as defined by the DEA – even under the prescription of a physician. This includes, but is not limited to, Methadone, Suboxone, methylphenidate, buprenorphine, Valium, Xanax. The Housing program does not have sufficient staff to provide the necessary controls monitor the safe storage and use of controlled substances. Having these medications on site would fundamentally alter the nature of our program.

Any history of mental illness: Yes No Currently or previously involved with CMH: Yes No



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Do you take any medications, prescribed by a doctor, to treat a mental illness? Yes No

If YES, please list drugs, prescribing doctor's name and the reason the drug has been prescribed:

Have you ever attempted suicide? Yes No When was your most recent attempt: _____

Have you been hospitalized for psychiatric care in the last 6 months: Yes No

Medical History:

Do you have any physical limitations: Yes No

Please list: _____

Please list any previous injuries and dates: _____

Do you take any medications, prescribed by a doctor, to treat a medical condition? Yes No

If YES, please list drugs, prescribing doctor's name and the reason the drug has been prescribed:

Personal History:

Do you have a valid driver's license: Yes No

Will you have a car at the recovery house: Yes No Do you have valid car insurance: Yes No

Please list any ties you have to Midland: (grew up here, family, employed here)

Have you lived in a recovery house before? Yes No If yes, provide the name, location and phone number: _____

Why did you leave the recovery house? Relapse? Voluntary? Other? Explain: _____

Did you leave the recovery house owing money? Yes No

Employment / Financial Information:

Are you employed? Yes Full time Part time No If yes, list employer: _____

What is your current monthly income: _____ What is the source: _____

What skills/trades do you have: _____



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Will you have financial help from your family or others and for how long? _____

Legal:

Are you on Probation? No Yes Are you on parole? No Yes Juvenile record? No Yes

Who is your parole/probation officer: _____

How many times have you been arrested in the **last 30 days?** _____ **6 months** _____

Do you have any felonies: Yes No If **yes** please list the charges and date(s)

Do you have any violent felonies: Yes No Date: _____

Do you have any CSC felonies: Yes No Date: _____

Do you have any arson felonies: Yes No Date: _____

Tell us why you want to live in the recovery house:

If approved, when could you move in? _____

I have read all of the material on this application form including the limitations set forth on the attached pages. I have also answered each question honestly and want to achieve long term, stable recovery from alcoholism and/or drug addiction without relapse.

Client Signature

Date