



## **APPLICATION CHECK LIST**

- Print off the full Recovery Housing packet
- Complete the Application
- Read and sign the Recovery Housing Agreement form
- Complete the Background Check Authorization Form

Once you have the items listed above filled out along with your Background Check fee, you can submit your application using the following methods.

1. Drop it off or mail to Ten16's Center for Recovery & Wellness outpatient office located at 133 N. Saginaw Road, Midland, MI 48640 between 9AM – 5 PM Monday through Thursday and 9 AM to noon on Friday.
2. Fax it to 989.631.0242; to the attention of the Recovery Housing Staff.
3. Email your application to [recoveryhousing@1016.org](mailto:recoveryhousing@1016.org)

Once we have received all of the items above including your Background Check, we will start your application process. This will include contacting you for an interview.

Should you be approved for the Recovery Housing program, you will be contacted so that an orientation and move in date can be set.

Please note this is not emergency housing. Orientations, as well as move in times will be set between 9 AM – 5 PM, Monday through Friday.

Thank you for your interest in our Recovery Housing program. We look forward to working with you and helping to strengthen your recovery.

Jessica VanHorn, LMSW, CADIC  
Community Engagement Manager - Midland County



## 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  MAT Date of last treatment: \_\_\_\_\_

Agency: \_\_\_\_\_  Detox  Res  OP  MAT Date of last treatment: \_\_\_\_\_

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 naltrexone/Vivitrol as a part of a medication assisted recovery process?\*  Yes  No

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

\* Ten16's Recovery Housing program does not allow controlled substances on the premises, Schedule 2 through Schedule 5, as defined by the DEA – even under the care of a physician. While these medications have benefits when taken as prescribed, due to their risk of diversion or being stolen, the Housing program does not have sufficient staff to provide the necessary controls to monitor the safe storage and use of controlled substances.



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

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:

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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:

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### **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)

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

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

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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: \_\_\_\_\_



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What skills/trades do you have: \_\_\_\_\_

\_\_\_\_\_

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**



## RECOVERY HOUSING AGREEMENT

I, \_\_\_\_\_ have been offered the opportunity to use a Recovery Housing bed while I gain strength and stability in my recovery and I address barriers to returning home or establishing a more permanent housing plan.

I acknowledge that my current way of living life isn't working, and that learning a 'new way' may be my best chance at breaking the destructive patterns in my life. That is why I want to ENTER the Recovery Housing program. With each day that I choose to STAY in the program, I am giving the Ten16 staff permission to teach me a 'new way'.

I acknowledge that placement in a Recovery Housing bed is a privilege and not a right and that I earn my ability to remain in this bed by following program rules and by making the most of the opportunities presented to me. I also acknowledge that I can forfeit my bed by opting not to follow program rules or by not making good use of my time in transition.

I understand that the Recovery Housing program is an extension of Ten16's Center for Recovery and Wellness and that I remain under obligation to the original 'Consent for Treatment' signed at admission for Outpatient and Peer Support services along with the following additions and/or exceptions:

- I understand that admission to the Recovery Housing program is voluntary and that I may choose to leave the program at any point in time.
- I agree to work with a Recovery Housing staff to establish a plan for identifying and addressing barriers to returning home/ establishing independence with a personal set of goals to achieve.
- I understand that I am earning my bed in the Recovery Housing program by my behaviors, attitudes and accomplishments and that I may be asked to leave if I do not make sufficient progress toward identified goals.
- I understand that I will be expected to participate fully in all identified groups and activities both within the facility and in the community as identified in my Transition/Recovery Plan.
- I understand and agree to submit to random drug screening.
- I agree to maintain behavioral expectations as outlined in this agreement and that failure to do so could prevent me from being able to remain in the Recovery Housing program. I understand and commit to all of my decisions, behavior and attitudes will line up with and be based in these core expectations and beliefs:
  1. I am motivated and active in my recovery. I want a sober/clean lifestyle, and am willing to do the work towards maintaining it with rigorous honesty.
  2. I am dedicated to learning how to live life on life's terms, the good and the bad, without the use of alcohol and other drugs to compensate.
  3. I am committed to the full community experience within the Recovery House, including holding each other accountable, supporting one another, and treating each other with dignity and respect.
  4. I understand that freedom and privileges brings responsibility, which include honoring the program's structure and meeting schedule, completing personal and household chores and other activities of daily living.
  5. I want to be part of something larger than myself, and want this Recovery Home to have a reputation for making a difference in the community. I will be active in the community through volunteerism, service work, church activities, civic activities and the like.
  6. For as long as I stay in Recovery Housing, this building is a "home" and expectations are that it should be treated with care and respect. Inside and outside should be valued and cared for in a manner that creates a sense of pride in the property.



## RECOVERY HOUSING AGREEMENT

Because the protection of everyone's recovery is at stake in a recovery house, I understand that poor choices on my part could lead to my expulsion by the House Manager or Recovery Housing staff. Ten16 reserves the right to expel any person from the program if it becomes evident that they are disruptive to the sober and stable environment required for recovery housing to be effective.

**IMPORTANT NOTICE:** The participation rules of the Ten Sixteen Recovery Housing Program require expulsion of any participant who is found to be in violation of one or more of the Recovery Housing Mandatory Rules. A resident at the Isabella House or Eastman House must be a participant in the Ten Sixteen Recovery Housing Program and is not a tenant under the Michigan Landlord Tenant Act to wit: Act 348 of 1972, MCL 554.601 et seq. A resident at the Isabella House or Eastman House group is part of the sober community and a participant of the Ten Sixteen Recovery Housing LLC Program. As such, the participant must meet the obligations Recovery Housing Agreement and Client Handbook to receive the benefit of housing. The residents at Isabella House or the Eastman House are NOT entitled to any of the rights or protections which a tenant would be entitled to under Michigan Law.

**TERMINATION OF AGREEMENT:** THIS AGREEMENT IS NOT A CONTRACT FOR HOUSING AND TEN SIXTEEN RECOVERY HOUSING, LLC RESERVES THE RIGHT TO TERMINATE THE PROGRAM AT ANYTIME WITHOUT NOTICE.

I have read the above notice and understand that I am applying for participation in the Ten Sixteen Recovery Network Housing Program, as a member of a sober community and not as a tenant. I agree to abide by Ten Sixteen Recovery Housing LLC Program principles and fully subject myself to the rules of the Isabella House or Eastman House, which rules may include periodic drug testing. I understand that I am subject to immediate expulsion from the house by the House Manager or Recovery Housing staff if 1) I use alcohol, illicit drugs or abuse prescription drugs; 2) I fail to meet the obligations set forth the Recovery Housing Agreement and Client Handbook.

I understand that I have up to 7 days after discharge to remove my personal property left in the residence unless alternative arrangements have been made with the Recovery Housing Coordinator or Case Manager.

I have read, understand, and agree to abide by the above Recovery Housing Agreement. I have been given a copy of my rights as a resident. I have been given a copy of the House Client Handbook, and agree to the program rules and expectations as defined in the Handbook. I understand the consequences of failing to follow through, which could include dismissal from the program.

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Client – Signature

Date

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Staff – Signature

Date

***Rules are subject to change by the Ten16 Recovery Housing Coordinator and their designees. Privileges may be revoked in order to ensure the houses and their members are putting recovery first.***



**CRIMINAL HISTORY BACKGROUND CHECK**  
**AUTHORIZATION AND RELEASE**

I understand that in connection with my application for housing with Ten Sixteen Recovery Housing (Ten16), their agents or employees may conduct a Criminal History background check on me.

I understand that Ten16 has certain zoning and insurance requirements such that any part or all of this information may be used to determine whether I am disqualified to participate in this recovery housing program. I understand that the background check is not being conducted for any purpose other than in connection with my housing with Ten16.

I have read this background check release and by signing below, hereby authorize Ten16 to conduct a background check as described herein in conjunction with my application for housing. I hereby release Ten16, from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my housing. I further direct and authorize Ten Sixteen to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested information, to disclose such information to Ten Sixteen in connection with this background check.

Although furnishing your Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Former Last Name(s) *if applicable*

\_\_\_\_\_  
Gender:

\_\_\_\_\_  
Race

Current Address:

\_\_\_\_\_  
Street City State Zip

List all of the Counties you have lived in in the past 5 years:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

*\*Standard background checks are \$30. If you have lived in several counties additional charges may apply and are your responsibility.*