



# Jeremiah's House - RESIDENT APPLICATION

Submit to: [SoberLiving@JeremiahsInn.com](mailto:SoberLiving@JeremiahsInn.com) Fax: (508) 793-9568

APPLICANT INFORMATION			
Full Name:	DOB:	Phone:	
Email:	Gender: male / trans	Relationship Status:	
Current Address:		How did you hear about us?	
Do you have parental / family support? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No Age(s):	
Emergency contact:	Relationship:	Phone:	
EMPLOYMENT STATUS			
FT / PT / Unemployed (circle one)			
Employer Name:	How Long?:	Hours per week:	
Income Amount:	Other Source(s) of Income:		
HEALTH			
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently receiving mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever thought about harming yourself or someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
Are you currently on any medication(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list medication(s):			
SUBSTANCE USE & TREATMENT			
Are you in recovery from drugs / alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary substance used:	Years of active use:	Date of last Use:	
Do you attend self-help or support groups? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Which?</i>		Are you currently on MAT? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Are you in a program: <input type="checkbox"/> Yes <input type="checkbox"/> No Which one?		Completion date: / /	
Please list your goals for 1 month, 6 months and 1 year from now:			
Are you awaiting charges, trial, or sentencing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you stipulated to sober living? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of PO:	Phone:
Have you ever been convicted of arson or a sex crime or registered as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Describe:</i>			
Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No		Make, model, reg #:	
Requested move-in date:		Private Room <input type="checkbox"/>	Shared Room <input type="checkbox"/>

### Authorization for release of information

I hereby authorize Jeremiah's House and its designated agents and representatives to conduct a review of my background. I understand that the scope of this background check may include, but is not limited to the following: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, medical records from a treatment facility, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to or its agents.

Applicant Signature

Date

#### Office Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Interview: \_\_\_\_\_

Outcome: \_\_\_\_\_