

Date _____

JOURNEY HOME RECOVERY LIVING, LLC**APPLICATION**

Name _____ Sex _____ Age _____ DOB _____ SS# _____

Current Program _____ Phone _____ Counselor _____ Discharge Date _____

When will you be able to enter Journey Home Recovery Living, LLC.? _____ Details _____

Residence prior to treatment _____ Referred to Journey Home by _____

Marital Status S M D W Person to call in case of emergency _____ Relationship _____ Phone _____

Person to call in case of relapse _____ Relationship _____ Phone _____

Are you in a relationship? Y N Is this person in recovery? Y N How much clean/sober time do they have? _____

Current Employer _____ Employer's Phone _____

Employer Address _____ City _____ State _____ Zip _____

Medical Insurance (If any) _____ Do you have: SAGA T-19 SSDI # _____

Phone number for insurance clearance _____

Prior treatment programs:

<u>Program</u>	<u>Approximate Dates</u>	<u>City/State</u>	<u>Length of Stay</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Substances used: _____

Sobriety date _____ Do you smoke cigarettes? Y N How much _____ Are you on methadone maintenance now? Y N

Legal History (past and current) **Please include all charges, outstanding warrants, convictions, jail/prison time, and parole/probation.**

<u>Approximate Date</u>	<u>Charge</u>	<u>State</u>	<u>Status</u>	<u>Conviction or Pending</u>	<u>Jail/Prison/ Parole/Probation</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you currently on parole/probation? Y N County _____ P.O.'s name _____

Do you have any open warrants? Y N Do you have any stipulated meetings, program participation requirements, or court ordered Community Service? _____ (Continue on page 3.)

Have you ever been convicted of a violent crime, sex crime, or arson? Y N Please provide details _____ (Continue on page 3.)

Please inform us of any current situations involving: Marriage, custody, child support, etc. _____ (Continue on page 3.)

Do you have a driver's license? Y N If yes, which State? _____ Current Status of driver's license? Valid Suspended Other

Any motor vehicle violations in the past three years? _____ Will you have a vehicle on the premises? Y N

Vehicle info:

Make _____ Model _____ Year _____ Color _____ License Plate # _____ Insured by _____

Are you now or have you been, in the past seven years, party (on either side) to a lawsuit? Y N Please explain on page 3 of this application.

JOURNEY HOME RECOVERY LIVING, LLC

CONFIDENTIAL MEDICAL CONDITION/ PRESCRIPTION DETAILS

Name _____ Date _____

- If accepted into Journey Home Recovery Living, LLC applicant agrees to provide a printed, current medication list to the House Manager.
- Resident must provide an updated medication list to the House Manager each time a medication/dosage is added, changed, or discontinued.

<u>Condition/Diagnosis</u> (Include allergies)	<u>Prescription</u>	<u>Dosage</u>	<u>Doctor</u>	<u>Pharmacy</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

if you need more space, please continue on page 3 of this application

(House Manager - Please attach dated medication updates to this application as provided by resident.)

PPD Test date and result _____ Pass Fail

Optional:

Anything you want to tell us or think we need to know. (Problems, hobbies, special interests, special skills, aptitudes, preferences, talents, behaviors, beliefs, special needs, likes, dislikes, etc. _____)

AGREEMENT

My first payment must be received prior to move in. I agree that if I default in the performance of any agreement contained herein, the boarding house owner may re-enter and take possession of the room or room section as provided by laws of the State of Connecticut. The boarding house owner shall have the right to enter the room at reasonable hours, for the purpose of examining same, assuring a drug free environment, or making such repairs or alterations as may be necessary for the safety and preservation thereof.

I understand that Journey Home Recovery Living is not responsible for theft or loss of personal possessions. Rent rates are per week and rent is due on Friday morning. **As a tenant, I am required to give two weeks written notice prior to leaving. I must remain current with my rent through these two weeks.**

(Continued On Next Page)

Name _____ Date _____

AGREEMENT (Continued from Previous Page)

The security deposit, **less any damages** suffered by the boarding house owner by reason of my failure to comply with my obligations pursuant to this agreement, will be returned within 30 days after the date of the end of my occupancy term. Agreements include, but are not limited to, being current with my rent, I have not relapsed, I have not smoked in the building, I have given Journey Home Recovery Living, LLC., two week's written notice and upon termination of the boarding arrangement, I have returned room/space to the same condition as it was in when I took occupancy.

Journey Home Recovery Living, LLC. provides beds, furniture, cookware, silverware, dishware, cleaning supplies, refrigerator, stove, utilities, and a telephone for local calls. I shall provide towels and personal items, including groceries. Linens are provided to each resident for a fee of \$50 - \$75, depending on location.

In order to secure faithful performance of the obligations pursuant to this agreement, the boarding house owner shall have a statutory lien on the personal property of the resident in accordance with Connecticut General Statutes 49 - 68. Should I leave or relapse, I have three (3) days to remove my personal belongings or management may dispose of them.

I agree that I will change my residence address with the US Post Office, and if applicable, The CT DMV when I complete my stay at Journey Home Recovery Living, LLC. It is understood that my security deposit may be withheld if I do not comply with these actions. The attached blank lines are provided to enable me to make my responses as complete as possible. Journey Home does not discriminate on the basis of sex, race, color, religion, national or ethnic origin, physical attributes, age, ancestry, past or present mental disability, intellectual disability, learning disability, marital status or genetic information.

Applicant Signature	Date	Host/Manager, Journey Home Recovery Living, LLC	Date
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If you are in a program or hospital now, please have your counselor provide you with a standard release in favor of Journey Home Recovery Living, LLC, and the applicable institution.

Extra space to continue from previous sections of this application:

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Additional Information and Notes

(Continued From Page 3)

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This additional information has been provided by applicant. Signature _____ Date _____