

ELLIS SOBER HOUSE

Please fill out as much as you can. If you have any questions feel free to contact Nicole at 203-449-0753.

_____ Date of Birth: _____
Last Name First Name MI MM/DD/YYYY

Social Security Number: _____ Driver's License (state & number): _____

Telephone: _____ Email Address: _____

Race & Ethnicity: _____ Military/Veteran: _____ Marital Status: _____

Emergency Contact Information:

1. Name/Relationship: _____ Address: _____

Telephone: _____ Email Address: _____

2. Name/Relationship: _____ Address: _____

Telephone: _____ Email Address: _____

List of current medications:

| Medication (Brand and Generic Name) | Dose | Reason for taking | Date Started | Prescriber (telephone #) |
|--|------|-------------------|--------------|-----------------------------|
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Allergies:

Current Legal Issues including Probation & Parole:

- 1) Are you in recovery from alcoholism?
 Yes No
 If yes, date of last drink: _____
- 2) Are you in recovery from drug addiction?
 Yes No
 If yes, date of last drug use: _____
- 3) What drugs are you recovering from? _____
- 4) Do you attend AA/NA or self-help support groups?
 Yes No
 If yes, how many AA/NA or self-help support groups do you attend per week? _____
- 5) What is your monthly income right now? \$ _____
- 6) What do you expect your monthly income to be next month? \$ _____
- 7) Who will be responsible for paying your residential fees and living expenses if you are accepted to Ellis Sober House, LLC?

| Name and Address | Relationship | Telephone |
|------------------|--------------|-----------|
| | | |

- 8) Are you employed?
 Yes No
 If yes, who is your employer? _____
 If no, what job plans do you have? _____

- 9) Highest level of education completed?
 Haven't graduated high school GED High School Graduate Some College Associates Bachelor's Master Doctoral
 Plans on returning to school? _____

- 10) Are you currently on the sex offender registry?
 Yes No
 If yes, what type and duration? _____

- 11) Do you have a medical doctor?
 Yes No
 If yes, list doctor's name and address:

- 12) Are you currently in treatment for alcoholism and/or drug addiction?
 Yes No
 If yes, what is the name of the treatment program: _____
 Clinician's name: _____
 Clinician's phone number: _____
 Clinician's email address: _____

- 13) If accepted into housing with Shoreline, how soon do you want to move in?
 Immediately Other _____

I realize that the Recovery House to which I am applying for residency has been established in compliance with the conditions of **§2036 of the Federal Anti-Drug Abuse Act of 1988, P.L. 100-690**, as amended, requires the house residents to remain abstinent from drugs and alcohol. I realize that I can be expelled from the house that I become a member of, if for some reason I return to using drugs and alcohol and/or if my behavior is such that it compromises the moral integrity of the house. I also realize that at such time that I am expelled; I will have 30 minutes to remove my personal belongings from the house or make arrangements to come back for them. I also realize that if I am hospitalized and/or expelled, my emergency contact will be notified.

I have completed this application and have answered questions honestly and to the best of my ability. I agree that if I am accepted into Ellis Sober House, LLC I accept the terms of this application and the terms of the rules and policies of Ellis Sober House, LLC, and I have made a commitment to achieve sobriety and recovery from alcoholism and/or drug addiction without relapse. In accepting these terms, the applicant understands that **§2036** conditions are different than the normal due process afforded by some local landlord-tenant laws.

Applicant Signature

Date

Office Use Only:

Accepted Not Accepted

Amount Paid _____ Amount Due _____

Move in Date _____ Move out Date _____

House Keys Returned Yes No

Outstanding debt owed to house \$ _____
Date Repaid _____