

Appendix

Appendix A: Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Identified Gender: _____ Marital Status: _____

Dominant Language: _____ Cultural Background (optional): _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Driver's License Number: _____ State: _____

Have you lived in a halfway house? When? Where? _____

Do you have a payee? (name and address) _____

Do you receive SSI or Disability payments? Yes _____ No _____ Type: _____

What is your highest level of education? High School Graduate _____

GED _____ College _____ Other _____

Where did you live before moving here? (City, State) _____

What is your source of Income? _____

Are you employed? If yes, what kind of work do you do? _____

Name of Employer: _____

Hours: _____

Supervisor Name: _____ Phone: _____

Enrolled in School Full-Time/Part-Time: _____

Name of School: _____

What is your means of transportation: _____

Have you lived in a Sober Living Home before? (When/Where) _____

Do you have any medical issues that would impede your recovery or prevent you from being able to live by yourself? _____

What kind of medical problems (physical or emotional) do we need to know about you?

Do you have any allergies? _____

Do you have any chronic conditions or communicable diseases? _____

Medications presently taking? _____

Addictions or compulsive behaviors you have: _____

Drug(s) of choice? _____

Date of last use? _____ # of relapses in the past year? _____

Treatment program completed: _____

Counselor/Caseworker: _____

After-care requirements: _____

Drug Treatment Plan? _____

Have you received any DUI's or DWI's? Yes _____ No _____ If yes, how many? _____

Do you have problems with rules or authority? _____

Are you prejudiced towards any group or race? _____

Have you ever considered suicide? Yes _____ No _____ If yes, how long ago? _____

If you answered yes to the previous question, do you agree to enter into a plan of action, if needed? Yes _____ No _____

Veteran: _____ Branch: _____

Probation/Parole: _____ End Date: _____

Probation Officer's Name: _____

City & County: _____ PO's Phone: _____

Court Case/Charges Pending: _____

Have you ever been ARRESTED for a sex crime or arson? Yes _____ No _____

If yes, when? _____

Felony convictions (what, where, and when): _____

Conditions of entry: _____

Family history or dynamics that Keystone may need to be aware of:

Are there any Social, psychological, developmental, vocational or educational factors that Keystone may need to be aware of?

Yes _____ No _____ If yes please explain:

Please note: Sex offenses, violent offenses, mental health conditions, and active psychosis may result in an exclusion of admission to Keystone Recovery Center.

Keystone does not allow marijuana in any form on the property regardless of medical cards.

Who to call in case of an emergency:

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Phone: _____ Relationship: _____

Emergency Contact Email Address: _____

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Phone: _____ Relationship: _____

Emergency Contact Email Address: _____

Medicaid, Medicare or insurance information if applicable in case of emergency: _____

Do you authorize Keystone Recovery Center to serve and obtain emergency care in the event you should require it? Yes _____ No _____

Print Name: _____

Signature: _____ Date: _____

To be completed by Keystone Recovery

Exclusionary Criteria:

- Resident is not on the sex offender registry
- Resident has not been convicted of any violent offenses
- Resident does not have mental health conditions that contraindicate this low level of care
- Resident scored LOW risk on the suicide risk assessment (moderate or high-risk on suicide will need written medical/clinical clearance before entry into Keystone Recovery Center)

(House Manager) I have verified that the Applicant does not meet exclusionary criteria

Eligibility requirements:

- Must be clean from alcohol and drugs for 30 days
- Not presenting with a current clinical assessment that contradicts this level of care
- Pass UA
- 18 years of age or older (verified) by driver's license or other form of ID
- Physically able to walk stairs and prepare their own meals,
- First 2 weeks rent

(House Manager) I have verified that the Applicant meets the eligibility criteria

KRC House Manager Name: _____

Signature: _____ Date: _____