**Resident Application Form**

*When You Can’t Cope, There’s Hope*  
**Transitional Housing & Recovery Support Program**

**A $25 non-refundable application fee** is required at the time of submission. This fee helps cover processing and initial intake costs.

**Section 1: Personal Information**

* **Full Legal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_
* **Social Security Number (Last 4 digits):** \_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Current Address:**

**Section 2: Emergency Contact**

* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: Recovery History & Referral**

1. **Have you ever attended a detox or rehab center?**  
   ☐ Yes  ☐ No
   * If yes, name of most recent center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Date attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * May we contact them for verification? ☐ Yes  ☐ No
2. **Are you currently working with a case manager or recovery coach?**  
   ☐ Yes  ☐ No
   * Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * May we contact them? ☐ Yes  ☐ No
3. **Are you currently sober?**  
   ☐ Yes  ☐ No
   * If yes, how long have you maintained sobriety? \_\_\_\_\_\_\_\_\_\_\_
4. **Have you ever lived in a sober or transitional home?**  
   ☐ Yes  ☐ No
   * If yes, name of facility and dates:

**Section 4: Legal & Health Information**

1. **Are you currently on probation or parole?**  
   ☐ Yes  ☐ No
   * If yes, provide contact info for probation/parole officer:
2. **Do you have any pending legal charges?**  
   ☐ Yes  ☐ No
   * If yes, explain:
3. **Do you have valid identification (ID or license)?**  
   ☐ Yes  ☐ No
4. **Do you currently have medical insurance?**  
   ☐ Yes  ☐ No
   * If yes, name of provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Do you take prescribed medications?**  
   ☐ Yes  ☐ No
   * If yes, please list:

**Section 5: Commitment & Readiness**

1. **Why do you want to join this program?**
2. **What are your personal goals over the next 9 months?**

**Section 6: Acknowledgment & Signature**

By signing below, I confirm that the information provided is true and accurate to the best of my knowledge. I understand that space is limited, and acceptance is based on eligibility and fit. I also acknowledge that a **$25 non-refundable application fee** must be paid to process this application.

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_  
**Staff Signature (Received by):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_