

Street Address: _____

City: _____

State: _____

ZIP Code: _____

How long at current address? _____ Years _____ Months

Current Living Situation (check one):

- Own Home/Apartment
- Renting
- Staying with Family/Friends
- Transitional Housing
- Homeless/Unsheltered
- Emergency Shelter
- Treatment Facility
- Correctional Facility
- Other: _____

SECTION 2: EMERGENCY CONTACT INFORMATION

Please provide at least TWO (2) emergency contacts who are NOT family members:

Emergency Contact #1:

Full Name:	_____
Relationship to You:	_____
Phone Number:	(_____) _____ - _____
Alternate Phone:	(_____) _____ - _____
Email:	_____
Address:	_____

Emergency Contact #2:

Full Name:	_____
Relationship to You:	_____
Phone Number:	(_____) _____ - _____
Alternate Phone:	(_____) _____ - _____
Email:	_____
Address:	_____

SECTION 3: MILITARY SERVICE INFORMATION

Are you a U.S. Military Veteran? Yes No

If YES, please complete the following:

Branch of Service:

Army Navy Air Force Marines Coast Guard Space Force

Dates of Service:

From: _____ / _____ to _____ / _____

Discharge Status:

Honorable General Other Than Honorable Dishonorable Medical

Service-Connected Disability?

Yes No

If Yes, Disability Rating:

_____ %

VA Healthcare Enrollment?

Yes No

VA Medical Center:

Military Occupational Specialty (MOS):

Deployment History:

No Deployments Deployed

If deployed, list locations:

Combat Experience?

Yes No

Receiving VA Benefits?

Yes No

If Yes, select all that apply:

HUD-VASH Disability Compensation Pension
 GI Bill SSVF Other: _____

SECTION 4: RECOVERY & SUBSTANCE USE HISTORY

IMPORTANT: Pinnacle Pathway Center is a recovery-oriented independent living facility. All residents must maintain abstinence from alcohol and illicit substances.

1. Have you ever had issues with alcohol or substance use? Yes No

If YES, please provide the following:

Primary substance(s) of concern: _____

Age when substance use began: _____ years old

2. Are you currently in recovery? Yes No

Length of recovery: _____ Years _____ Months _____ Days

3. Date of last substance use: _____ / _____ / _____

4. Have you completed treatment? Yes No

If Yes, treatment details:

Treatment Facility Name: _____

Treatment Type: Inpatient/Residential Outpatient IOP Detox

Completion Date: _____ / _____ / _____

5. Are you currently attending support groups? Yes No

If Yes, select all that apply:

AA NA SMART Recovery Celebrate Recovery Veteran-Specific Group

Other: _____

Meeting frequency: Daily Weekly Monthly As Needed

6. Do you have a sponsor/recovery mentor? Yes No

If Yes, name and contact: _____

7. Have you ever relapsed after a period of recovery? Yes No

If Yes, what strategies have you developed to prevent future relapse?

SECTION 5: MENTAL HEALTH & MEDICAL INFORMATION

1. Have you been diagnosed with a mental health condition? Yes No

If Yes, select all that apply:

Depression Anxiety PTSD Bipolar Disorder Schizophrenia

Other: _____

2. Are you currently receiving mental health treatment? Yes No

If Yes, Therapist/Provider Name: _____

Provider Phone: (_____) _____ - _____

Appointment Frequency: Weekly Bi-weekly Monthly

3. Are you currently taking any medications? Yes No

If Yes, please list all current medications:

Medication Name	Dosage	Frequency	Prescribed For
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prescribing Doctor Name: _____

Doctor Phone: (_____) _____ - _____

4. Do you have medical conditions or physical disabilities requiring accommodation? Yes No

If Yes, please describe: _____

5. Do you have dietary restrictions or allergies we should know about? Yes No

If Yes, please describe: _____

SECTION 6: EMPLOYMENT & FINANCIAL INFORMATION

Current Employment Status (check one):

- Employed Full-Time Employed Part-Time Self-Employed Unemployed
 Disabled Retired Student Other: _____

If Currently Employed:

Employer Name: _____

Position/Job Title: _____

Length of Employment: _____ Years _____ Months

Supervisor Name: _____

Supervisor Phone: (_____) _____ - _____

If Unemployed:

Are you actively seeking employment? Yes No

Would you like job search assistance? Yes No

Monthly Income & Benefits:

Source of Income	Monthly Amount
Employment Income	\$ _____
VA Disability Compensation	\$ _____
Social Security/SSDI	\$ _____
Unemployment Benefits	\$ _____
Other (specify): _____	\$ _____
TOTAL MONTHLY INCOME:	\$ _____

Can you afford the monthly rent? Yes No

Do you have a housing voucher (HUD-VASH, Section 8, etc.)? Yes No

If Yes, Voucher Type: _____

Issuing Agency: _____

SECTION 7: LEGAL & CRIMINAL HISTORY

IMPORTANT: We conduct background checks on all applicants. Having a criminal history does NOT automatically disqualify you. We review applications on a case-by-case basis. Honesty is crucial - failure to disclose may result in denial or termination.

1. Have you ever been convicted of a felony? Yes No

If Yes, please provide details:

Charge/Conviction: _____

Date of Conviction: ____ / ____ / ____

Sentence Received: _____

Sentence Completed: Yes No Expected completion: _____

2. Have you ever been convicted of a misdemeanor? Yes No

If Yes, details:

Charge: _____

Date: ____ / ____ / ____

3. Are you currently on probation or parole? Yes No

If Yes:

Officer Name: _____

Officer Phone: (____) ____ - ____

Expected completion: ____ / ____ / ____

4. Do you have any pending criminal charges? Yes No

If Yes: _____

5. Are you a registered sex offender? Yes No

6. Have you ever been convicted of arson? Yes No

7. Do you have any active warrants? Yes No

8. Have you ever been evicted from housing? Yes No

If Yes, explain circumstances:

SECTION 8: PROFESSIONAL REFERENCES

Please provide THREE (3) professional references (counselors, case managers, employers, clergy).
References cannot be family members.

Reference #1:

Full Name:	_____
Relationship:	_____
Organization/Title:	_____
Phone:	(_____) _____ - _____
Email:	_____
How long have they known you?	_____ Years _____ Months

Reference #2:

Full Name:	_____
Relationship:	_____
Organization/Title:	_____
Phone:	(_____) _____ - _____
Email:	_____

How long have they known you? _____ Years _____ Months

Reference #3:

Full Name:

Relationship:

Organization/Title:

Phone:

(_____) _____ - _____

Email:

How long have they known you? _____ Years _____ Months

SECTION 9: RECOVERY GOALS & MOTIVATION

Please answer the following in your own words:

1. Why do you want to live at Pinnacle Pathway Center?

2. What are your short-term recovery goals (next 3-6 months)?

3. What are your long-term recovery and life goals (next 1-2 years)?

4. What strengths or skills do you bring to a recovery community?

5. What challenges do you anticipate in maintaining your recovery?

6. Are you committed to abstaining from alcohol and illicit drugs? ■ Yes ■ No

7. Are you willing to participate in regular drug/alcohol screening? ■ Yes ■ No

8. Are you willing to participate in house meetings and community activities? ■ Yes ■ No

SECTION 10: ACKNOWLEDGMENTS & CERTIFICATIONS

By signing below, I certify and acknowledge:

1. **Truthfulness:** All information is true, accurate, and complete. False statements may result in denial or termination.
2. **Background Check Consent:** I authorize criminal background checks and verification of information.
3. **Reference Contact Consent:** I authorize contact with my references.
4. **Medical Records Release:** I authorize review of relevant medical, mental health, and treatment records.
5. **Drug/Alcohol Testing:** I agree to random drug/alcohol screening.
6. **House Rules Compliance:** I agree to abide by all house rules and policies.
7. **No Guarantee:** I understand this application does not guarantee admission.
8. **Fair Housing:** I understand Pinnacle Pathway Center does not discriminate based on race, color, national origin, religion, sex, familial status, or disability.
9. **Application Fee:** I understand there is a non-refundable application fee due upon submission.
10. **Waiting List:** If approved but no beds available, I will be placed on a waiting list.

SECTION 11: APPLICANT SIGNATURE

I have read, understood, and agree to all statements in this application.

Applicant Signature:	_____
Print Name:	_____
Date:	____ / ____ / _____

FOR OFFICE USE ONLY

Application Received By:	_____
Date Received:	____ / ____ / _____
Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Waitlist
Background Check:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending
Interview Date:	____ / ____ / _____
Approved By:	_____
Move-In Date:	____ / ____ / _____
Notes:	_____

30 N Gould St. Ste. N, Sheridan, WY 82801 | Phone: 402.788.8387
Email: admin@pinnaclepathwaycenter.com | Web: pinnaclepathwaycenter.com
This application complies with NARR Standards, Fair Housing Act, and Nebraska law.