

**APPLICATION FOR RESIDENCY**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address (Pre-incarceration): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Referred By: \_\_\_\_\_

I, \_\_\_\_\_, agree to allow the S.O.S House Committee to discuss my background and treatment with other professionals and agencies. I understand for the protection of myself and others there may be a need for the Board of Directors, House Committee, or the staff of the Sisters of Support House to check on my legal standing and criminal background. I also understand that I am giving permission for the Sisters of Support House and its staff to contact any individuals/agencies/facilities, as needed for my success, and I understand that Sisters of Support personnel may report progress of residents in the housing program to probation/parole, as applicable.

I also agree to waive, release, and not to sue the sisters of Support, its Directors, officers, or staff for any and all damages of any kind whatsoever suffered as a result of living at the Sisters Of Support. I further specifically release the S.O.S House for all losses, thefts, damages, or injuries incurred while living at the Sisters of Support safe house.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Present Status**

**1. Why are you interested in living at the Safe Home?**

**2. Are you currently incarcerated? If so, please list the facility and expected release date.**

**3. Where would you live if not accepted into Sisters of Support housing?**

**4. Where and with whom were you living prior to your recent incarceration?**

**5. Describe the short-term goals you intend to work toward while involved in our housing program.**

**6. Describe your long-term goals.**

**B. Health and Well-being**

**1. Do you have any health problems or diagnoses that require special care on your part? If yes, please explain.**

**2. Are you, to your knowledge, medically stable and able to care for yourself? If not, please explain.**

**3. Have you struggled with drugs and/or alcohol in the past? If so, what did you use and how often?**

**4. Do you feel that you will struggle to maintain sobriety? If so, what is your plan to support your recovery journey?**

**C. Treatment History**

**1. Medical/Psychiatric Hospitalization**

**Facility:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2. Chemical Dependency Treatment**

**Facility:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**3. Outpatient Counseling**

Facility/Counselor: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Date:  
\_\_\_\_\_

#### 4. Medications

Name of Medication: \_\_\_\_\_ Date: \_\_\_\_\_ Diagnosis &  
Doctor Prescribing Med: \_\_\_\_\_

5. Do you have any limitations or physical handicaps? If yes, please explain.

#### D. Employment History

1. Are you employed? If yes, provide details.

2. List any special training, qualifications, or licensing.

3. List any Military Service.

4. List your employment history for the last three years.

#### E. Legal

1. Arrests/Convictions/Lawsuits

Status/Attorney/Probation Officer: \_\_\_\_\_ Date: \_\_\_\_\_

2. Any court cases pending? Explain either/both.

#### F. Leisure Activities – Special Interests

1. How do you spend your free time?

2. List your favorite hobbies or forms of recreation.

#### G. Financial Status

1. Sources and amount of income.

**2. Are you in debt? If yes, provide details.**

#### **H. Cultural Background**

**1. Where were you born? Raised? Who raised you?**

**2. Religious preference: Do you attend services?**

#### **I. Marital Status**

**1. Do you have any children? If yes, provide details.**

**2. How would you describe your relationship with your spouse and/or children?**

#### **J. Additional Comments**

**Please make any other statements or comments you would like to add to help us get to know you better.**