



ALL UNDER ONE ROOF LLC

Resident Application Packet

Program Selection

- Safe Haven Recovery House (Men's Program)
- Amber's House (Women's Program)

Personal Information

Full Name: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Identification Information

Driver's License Number: _____

Social Security Number: _____

Transportation Information

Do you currently have transportation? Yes No

If no, when do you expect to obtain transportation?

Insurance Information

Do you currently have insurance? Yes No

Insurance Provider: _____

Group Number: _____

Plan Number: _____

Please attach a copy of the front and back of your insurance card.

Family & Financial Information

Marital Status: _____

Do you have children? Yes No

Are you disabled? Yes No

Who will be financially responsible for your program?

Self Family Support Other

Education & Employment

Are you enrolled in higher education? Yes No

If yes, name of institution: _____

Are you employed? Yes No

Employer Name: _____

Employer Phone Number: _____

Recovery Information

Are you recovering from alcohol addiction? Yes No

Are you recovering from drug addiction? Yes No

Clean Date: _____

Drug(s) of Choice: _____

Are you discharging from treatment? Yes No

Treatment Facility Name: _____

Counselor Name: _____

Counselor Phone Number: _____

If not currently in treatment, where are you currently residing?

Aftercare & Recovery Support

Are you planning to attend an aftercare or IOP program? Yes No

If yes, name of provider: _____

If no, do you plan to attend 90 meetings in 90 days? Yes No

Are you participating in a MAT or drug replacement program? Yes No

Do you take prescribed medications? Yes No

If yes, please list medications:

Legal Information

Do you have any current court cases pending (other than moving violations)? Yes No

Have you been convicted of a felony? Yes No

If yes, please explain:

Are you currently on probation, bond, or parole? Yes No

Recovery Housing History

Have you ever lived in a recovery home before? Yes No

If yes, where? _____

How did you hear about us?

Release Statement & Signature

I certify the information provided is true and complete to the best of my knowledge.

Submission of this application does not guarantee placement.

Applicant Signature: _____

Printed Name: _____

Date: _____