

# Admission Application

Fax: 602.926.8024 or return email: [michelle@centeredlivingofarizona.com](mailto:michelle@centeredlivingofarizona.com)

Today's Date: \_\_\_\_\_ Number of Days Sober \_\_\_\_\_ Requested Move In: \_\_\_\_\_

House Preference (circle): Starfire or Ranch

Room Preference (circle): shared or private

All residents of our program are required to pay a one-time application fee of \$300 for admission into our sober living program. Beds are on a first come, first serve basis and a bed can be reserved for up to 7 days once the application fee is paid. If the applicant does not check-in, the \$300 application fee is non-refundable.

1. Name of Applicant: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

2. Email: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

5. Are you an alcoholic? **Yes No** Date of your last drink: \_\_\_\_\_

6. Are you addicted to drugs? **Yes No** Date of last drug use: \_\_\_\_\_

7. List drug(s) of choice \_\_\_\_\_

8. Number of AA/NA meetings you attend each week: \_\_\_\_\_ Location: \_\_\_\_\_

9. Do you have a Sponsor? **Yes No** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

10. Are you currently in treatment? **Yes No** Name of Facility: \_\_\_\_\_

11. Do you currently see a Therapist? **Yes No** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

12. Are you willing to sign a "Release of Information"? **Yes No**

13. Have you completed any other Inpatient Treatment Programs **Yes No**

14. Name of Facility \_\_\_\_\_ Date: \_\_\_\_\_

15. Are you under a doctor's care? **Yes No**

16. Physician Name \_\_\_\_\_ Physician Phone: \_\_\_\_\_

17. List any and all medical and psychiatric diagnosis:

\_\_\_\_\_

\_\_\_\_\_

18. List all medications currently prescribed:

\_\_\_\_\_

\_\_\_\_\_

19. Have you ever been diagnosed SMI? **Yes No**

20. Are you disabled? **Yes No** What is the nature of your disability? \_\_\_\_\_

21. Are you currently on: Probation/IPS/Parole/ Pretrial/NA

22. Current Charges: \_\_\_\_\_

23. List all arrests, convictions, sentences, prior prison or jail commitments and probation history:

**(Be thorough and list  
places/dates)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Are you a sex offender? **Yes No**

25. Have you lived in a sober living environment before? Did you leave voluntarily? Or Expelled? Explain.

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26. Currently Employed? **Yes No** Employer: \_\_\_\_\_

27. How long: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

28. If no, expected employment date: (unless granted an exception, employment is required within 30 days of move-in date)

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29. Name and Address of Employer: \_\_\_\_\_

30. How Long? \_\_\_\_\_ Monthly income: \_\_\_\_\_

31. Are you capable of paying monthly Program Fees? **Yes No**

32. If no, state the name and phone number of responsible party:

33. Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact Information:** (List at least two contacts.)

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<u>Name</u>	<u>Relationship</u>	<u>Telephone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that the Company has been established an environment to promote recovery of alcoholism and drug abuse by: (A) prohibiting all residents from using any alcohol or illegal drugs, and (B) expelling any resident who violates such prohibition. In accepting these terms, the applicant understands that these conditions are different than the normal due process afforded by local landlord-tenant laws and does not in any way constitute a landlord/tenant relationship. I also understand that the Company may run a background check on the information I provided and reserves the right to deny applicant if any information is deemed detrimental to the recovery of any individuals or if information provided in application is false. I have read all of the material on this application form and have answered each question thoroughly and honestly.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## Rules and Responsibilities Statement

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I, \_\_\_\_\_ voluntarily enter into this transitional sober living home; understanding it is an alcohol and drug free residence and affirm that:

1. \_\_\_\_\_ I understand that for the first 30 days, the curfew will be 9pm and no overnight passes will be granted, however, family overnight passes may be approved with the house manager. Depending on the progress of the resident, this restriction can be lifted under 30 days at the house manager's discretion.
2. \_\_\_\_\_ I will not use illegal drugs or alcohol, or any mind-altering substances. Any use will result in immediate discharge from the premises.
3. \_\_\_\_\_ I understand that I will be randomly tested for drugs/alcohol at the sole discretion of the Company.
4. \_\_\_\_\_ I understand that random bedroom searches can be conducted by the House Manager at the sole discretion of the Company.
5. \_\_\_\_\_ I understand and agree to abide by the rules and regulations of the Company as outlined in the Lodging Agreement.
6. \_\_\_\_\_ I understand that I must have a full time employment within 30 days of move-in or part time if attending IOP, PHP or enrolled in school.
7. \_\_\_\_\_ I understand and will attend daily 12-step or other recovery meetings and provide signatures for meetings I attend.
8. \_\_\_\_\_ I understand and will attend the mandatory weekly House Meeting.
9. \_\_\_\_\_ I agree to voluntarily participate in assigned work activities at the house.
10. \_\_\_\_\_ I understand I need to communicate my daily activities through the use of the Sign In/Sign Out Board. If I do not come home for any reason, I will be discharged from the property for a minimum of 72 hours.
11. \_\_\_\_\_ I understand that the Company is not liable for loss or theft of any personal property.
12. \_\_\_\_\_ I understand that I will not have any pornographic materials on the property, nor will I watch pornographic material either on the television or internet and will refrain from searching any inappropriate websites.
13. \_\_\_\_\_ I will not gamble, in any form, on the property.
14. \_\_\_\_\_ I understand I will not take another person's property without asking, nor will I eat or drink another occupant's food nor disturb any other Occupant's peaceful enjoyment of the Premises.
15. \_\_\_\_\_ I understand that I will treat the staff and the other Occupant's with courtesy and respect; I will not participate in any criminal conduct, nor threaten or behave inappropriately as to intimidate or harm any person.
16. \_\_\_\_\_ I understand the only guests allowed on premises are those individuals who have been preapproved by the House Manager in advance.
17. \_\_\_\_\_ I understand there is no sexual activity of any kind in the house at any time. This will result in immediate discharge from the premises.
18. \_\_\_\_\_ I agree to abide by the curfew hours of 10:00p.m. Sun-Thurs (lights out at 11:00p.m.) and 12:00a.m. Fri, Sat. If I am going to be late I will notify the House Manager immediately. Failure to do so will result in discharge from the property for a minimum of 72 hours.
19. \_\_\_\_\_ I understand and consent to bedroom checks daily at 9:00 a.m. with flexibility on the weekends.
20. \_\_\_\_\_ I understand and agree to park in designated parking areas only and not in front of the premises overnight.
21. \_\_\_\_\_ I understand that any violation of the rules will be written up by the House Manager and placed in my file. Six violations, excluding those resulting in immediate discharge, can result in discharge from the premises.
22. \_\_\_\_\_ I will not deliberately or negligently destroy, deface, damage, impair or remove any part of the Premises or knowingly permit a person to do so.
23. \_\_\_\_\_ I understand that if I protect and/or not disclose to the House Manager another Occupant's alcohol or drug use I will be discharged from the premises.
24. \_\_\_\_\_ I will attend Back to Basics Workshop and complete the 12 Steps while in the House.
25. \_\_\_\_\_ I understand that if a relapse occurs, the person named on the Emergency Contact and/or The Release of Information Form will be notified.
26. \_\_\_\_\_ I understand that my random drug tests and breathalyzers are covered for the first 90 days of my stay, if an extension is granted; I understand I will have to pay for additional testing in increments of \$150.00.

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

