

# JOURNEY HOME RECOVERY LIVING, LLC

## APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_ Soc.Sec. # \_\_\_\_\_

Current Program \_\_\_\_\_ Phone \_\_\_\_\_ Counselor \_\_\_\_\_ Discharge Date \_\_\_\_\_

When will you be available to enter Journey Home Recovery Living, LLC? \_\_\_\_\_ Details \_\_\_\_\_

Residence Prior to Treatment \_\_\_\_\_

Current Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Employer Phone \_\_\_\_\_ Referred to Journey Home by: \_\_\_\_\_

Marital Status: M/S/D/S/W Name, & Phone # of Person to Call in Emergency \_\_\_\_\_

**Are you in a relationship now? Is the person in recovery? How much clean time do they have?**

### Insurance

Medical insurance, if any: \_\_\_\_\_ Do you have SAGA? ☐, T-19 ☐, SSDI ☐ # \_\_\_\_\_

Phone Number for Insurance Clearance \_\_\_\_\_

<u>Treatment Programs</u>	<u>Approximate Dates</u>	<u>Program</u>	<u>City</u>	<u>Length of Stay</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Substances Used: \_\_\_\_\_

Sobriety Date: \_\_\_\_\_ Do you smoke? Y ☐ N ☐ How much? \_\_\_\_\_ Are you on methadone maintenance now? Y ☐ N ☐

**Legal problems (current & past): Include all Charges, Outstanding Warrants, Convictions, Jail Time, and Probation. Please include all prior and current charges. We know that many of us have had problems in the past. This information will not necessarily prevent admission to Journey Home. Your honesty is important to us.**

<u>Approximate Date</u>	<u>Charge</u>	<u>State</u>	<u>Status</u>	<u>Convictions or Pending</u>	<u>Probation / Jail</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you on probation now? Y \_\_\_\_ N \_\_\_\_ County \_\_\_\_\_ PO Name \_\_\_\_\_ Completion Date \_\_\_\_\_

Do you have any open warrants? Y \_\_\_\_ N \_\_\_\_ Stipulated meetings, Participation Requirements, or Court Ordered Community Service: \_\_\_\_\_

Have you ever been convicted of a sex crime, arson, or any crimes involving violence? Y ☐ N ☐ Please provide details. Use extra sheet if needed. Problems.....Marital, Custody, Child Support, etc. or Situations \_\_\_\_\_

**Do You Have a Driver's License #** \_\_\_\_\_ Driver's Lic. ST \_\_\_\_ Current Status of Driver's Lic: Valid / Susp / Other

DMV Violations (last 3 years only) \_\_\_\_\_ Do you plan to have a vehicle at the premises? Y \_\_\_\_ N \_\_\_\_

Vehicle Yr \_\_\_\_\_ ST \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ Reg # \_\_\_\_\_ Insured by: \_\_\_\_\_

Are you now or have you been in the past seven years party (on either side) to a lawsuit? Y ☐ N ☐ If yes explain: \_\_\_\_\_

\_\_\_\_\_

## JOURNEY HOME RECOVERY LIVING, LLC

### CONFIDENTIAL MEDICAL CONDITIONS & PRESCRIPTION DETAILS

RESIDENT NAME \_\_\_\_\_ OCC DATE \_\_\_\_\_ ROOM # \_\_\_\_\_ BED # \_\_\_\_\_

LIST LAST UPDATED \_\_\_\_\_ LIST LAST UPDATED \_\_\_\_\_ LIST LAST UPDATED \_\_\_\_\_ LIST LAST UPDATED \_\_\_\_\_

**Medical, Psych and Emotional Conditions and Diagnosis. List all current diagnoses, DR's, meds, & Pharmacies**

<u>Condition or Diagnosis (include allergies)</u>	<u>Doctor</u>	<u>Prescription</u>	<u>Dosage</u>	<u>Pharmacy</u>
(include allergies)				

If accepted into Journey Home Recovery Living, LLC, applicant agrees to provide House Manager with a current list of all prescriptions as shown above. Applicant further agrees to keep House Manager informed of any updates, renewals, or changes to the prescription list as shown above.

PPD TEST \_\_\_\_\_

**Optional Only: Other information you think we should know? (Problems, hobbies, special interests, special skills, aptitudes, preferences, talents, behaviors, allergies, beliefs, restrictions, special needs, likes, dislikes, etc.)**

I understand that Journey Home Recovery Living is not responsible for theft or loss of personal possessions. Rent rates are per week and rent is due on Friday morning. As a tenant, I am required to give two weeks written notice prior to leaving.

The security deposit less any damages will be returned at the end of the occupancy term as long as I am current with my rent, I have not relapsed or smoked in the building and I have given Journey Home Recovery Living, LLC, two week's written notice. My first payment must be received prior to move in. I agree that if I default in the performance of any agreement contained herein, the boarding house owner may re-enter and take possession of the room or room section as provided by laws of the State of Connecticut. The boarding house owner shall have the right to enter the room at reasonable hours, for the purpose of examining same, assuring a drug free environment, or making such repairs or alterations as may be necessary for the safety and preservation thereof.

Journey Home Recovery Living, LLC, provides beds, furniture, cookware, silverware, dishware, cleaning materials, refrigerator, stove, furniture, utilities, and a telephone for local calls. I shall provide towels and personal items. Linens are provided to resident for a fee of \$50 - \$75, depending on location. Upon termination of the boarding arrangement, I shall return space in same condition as it was in when I took occupancy. Assuming I have stayed clean and sober, have not smoked in the building, and have been compliant with the rules; Journey Home Recovery Living, LLC, shall return the security deposit to me after deducting any rental payments due, or any damages suffered by the boarding house owner by reason of my failure to comply with my obligations pursuant to this agreement.

In order to secure faithful performance of the obligations pursuant to this agreement, the boarding house owner shall have a statutory lien on the personal property of the resident in accordance with Connecticut General Statutes 49 - 68. Should you leave or relapse you have three (3) days to remove your personal belongings or management may dispose of them.

I agree that I will change my residence address with the US Post Office, and if applicable The CT DMV when I complete my stay at Journey Home Recovery Living, LLC. It is understood that my security deposit may be withheld if I do not comply with these actions. The attached blank sheet is provided to enable me to make my responses as complete as possible. Journey Home does not discriminate on the basis of sex, race, color, religion, national or ethnic origin, physical attributes, age, ancestry, past or present mental disability, intellectual disability, learning disability, marital status or genetic information.

**If you are in a program or hospital now, please have your counselor provide you with a standard release in favor of Journey Home Recovery Living, LLC, and the applicable institution.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Host / Manager, Journey Home Recovery Living, LLC \_\_\_\_\_

Date \_\_\_\_\_