



Application for Sober Living Home Membership

Applicant _____ Date of Application _____

Time _____

Staff Initials _____

Office Use Only:

Admissions Action:

Reviewed By _____ Approved Yes No (Please fill out additional forms)

Move In Date & Time _____ 3 Month Commitment _____

Payer Source _____ Amount _____ Scholarship Amount _____

Referral Source: _____

Employer _____

Income Range: \$0 - \$10,800 \$10,801-24,000 \$24,001-50,000 \$50,000-75,000 \$75,000+

Discharge Action:

Exit Date _____ Reason _____

FOLLOW UP CALL LOG

Date _____ **Time** _____ **Staff Initial** _____

Date _____ **Time** _____ **Staff Initial** _____

Date _____ **Time** _____ **Staff Initial** _____



Application for Sober Living Home Membership

Demographic Information:

Name _____ Gender M / F

Current Address _____ Date of Birth _____ Cell Phone _____

City _____ ST _____ Zip _____ Marital Status _____ # of Dependents _____ Sobriety/Clean Date _____

Are you currently employed?

Yes _____ Full / Part-time
Employer _____ Employment Status _____ Work Phone _____
Income Range: \$0 - \$10,800 \$10,801-24,000 \$24,001-50,000 \$50,000-75,000 \$75,000+

No Are you willing to find full-time employment within 15-30 days? Yes No

Are you willing to abide by Tallgrass curfew 12a – 5a, including no overnight work? Yes No

Are you willing to make a 3 month commitment to the Sober Living Home Program? Yes No

Emergency Contact _____ Phone _____ Relationship _____

Drug Use History:

Drug of Choice ___ Alcohol ___ Drugs ___ Both

Do you believe you are an alcoholic/addict Yes No

Last Drink/Use Was ___/___/___ (Should match with Sobriety/Clean Date from previous section)

Are you willing to abide by the zero tolerance policy of the Sober Living Home program? Yes No

Are you willing to submit to random drug tests and preliminary breath tests? Yes No

Treatment Information:

Are you currently in treatment? Yes No

Name of Most Recent Facility: _____ Discharge Date: _____

Do you have any plans for aftercare or programming while living in the Sober Living Homes? Yes No

Explain: _____

12 Step Program History:

What will be your primary 12 Step Group? AA NA other _____

Are you willing to attend 4 AA/NA meetings per week? Yes No

Do you currently have a sponsor?

Yes - Who? _____

No - Are you willing to obtain a sponsor within 2 weeks of move in? Yes No

Are you willing to meet face to face with your sponsor once per week? Yes No

Medical History:

Are you currently being treated for any physical medical conditions? Yes No

If yes please describe: _____

Are you currently seeing a psychologist, psychiatrist or mental health professional? Yes No

If yes please explain: _____

Have you ever attempted suicide? Yes No Date of incident? _____

Are you on any prescribed medications? Yes No

Please list prescriptions/dosages: _____

*****Failure to report medications at the time of application may result in dismissal from the program.***

Are you willing to abide by Tallgrass Recovery's Restricted Medication policy? Yes No

Legal History:

Are you currently involved with the legal system in any way? Yes No

If yes, please explain: _____

Are you currently under parole, probation, or suspended imposition of a sentence? Yes No

CSO or PO Name: _____ Phone Number: _____

Are you willing to sign a release of information for Tallgrass to communicate with this person? Yes No

Are you a registered sex offender? Yes No

Do you have a history of violent crimes on your record? Yes No

Financial Information:

Are you able to afford the Sober Living Home's monthly membership fee of \$600..... Yes No

Do you have the \$300 minimum move in fee? Yes No

How will you pay this move in fee? _____

Expectations and Responsibilities:

The three absolutes that are grounds for immediate dismissal from the home...

1. Use or possession of mood altering substance, including alcohol
2. Exclusive relationships between Tallgrass Sober Home members or sex in the homes

3. Any violence or threats of violence

Are you willing to...

Attend Weekly house meetings on Monday evenings? Yes No

Communicate with Sober Home Coordinator concerning work, medications and overnights? Yes No

Abide by the overnight policy? Yes No

- No overnights for the first 30 days.
- 1 overnight per month days 31 – 90.
- 2 overnights per month after 90 days.

Comply with Tallgrass visitation hours? Yes No

- **Monday thru Sunday. 9 am – 9 pm**

Sponsors, Court Service Officers, Parents, Spouses and Children

- **Saturday and Sunday. 1 pm – 9 pm**

All other visitors

Respect your fellow house members, the neighbors and the Tallgrass facility? Yes No

Do you have a vehicle? Yes No

Can you provide valid copies of current driver's license, insurance and registration? Yes No

Abide by all county, city, state and federal laws? Yes No

Please have the following when checking into the Tallgrass Sober Living Home...

✓ **Membership fees – at least \$300 (*check or cash*)**

✓ **Personal Toiletries**

✓ **Clothing**

✓ **Any special food (*some food is provided*)**

✓ **Bedding**

- **Sheets – Twin size**
- **Pillow**
- **Comforter – Twin size**

✓ **Hangars**

✓ **Towels**

✓ **Alarm Clock**