Rise Sober Living Tenancy Application

Print Name: First M. Last	**Pronouns:**	**Date of Birth:** Month/Day/Year
Email Address:		**Phone Number:**
Present Address: Street Address	City	State Zip Code
Currently in Treatment or Facility? Circle one: YES NO **If Yes, List Contact Info:**	Treatment/Facility Name	Contact Name Contact Phone
Do you have an alcohol problem? Circle one: YES NO		**Date of last Drink:** Month/Day/Year
Do you have a drug use problem? Circle one: YES NO		**Date of last use:** Month/Day/Year
Do you want to stop using/drinking? Circle one: YES NO		**How many recovery meetings do you attend per week?**
List all the drugs you misused:		
Are you employed full-time? Circle one: YES NO		**Employment monthly income: $**
Are you receiving other income? (retirement, disability, family, welfare) Circle one: YES NO		**Other monthly income: $**
Marital status: Circle one: Single Married Separated Divorced Widowed		
Medical doctor name:		**Medical doctor contact number:**
Mental health professional name:		**Mental health professional number:**
Name of last treatment center/detox:		**Number of times in Treatment/Detox:**
List all the medications you are currently prescribed:		
Can you move-in immediately? YES NO		**If no, give the reason:**
Have you lived in an Oxford House before? YES NO		**If yes, list the House name:**
If yes, what was the reason of your departure? Check one: ☐ Voluntary ☐ Relapse ☐ Disruptive Behavior ☐ Nonpayment of EES		
If yes, did you leave owing money? YES NO		**If yes, amount you left owing: $**
List 3 emergency contacts: Name	Relationship	Contact Number
Name	Relationship	Contact Number
Name	Relationship	Contact Number
All of the information on page 1 is honest and accurate. Initials _____		**Today's Date:** Month/Day/Year

Use this space to tell us relevant information related to your active addiction and recovery, including why you want to live here.

I have read all of the material on this application form including the limitations set forth above. I have answered each question honestly and I have a desire to achieve comfortable recovery from substance use disorder.

Signature: _____ **Print Name:** _____ **Date:** _____

FOR INTERNAL USE BY THE APPLIED OXFORD HOUSE

ENTRY INFO

Move-in Date: _____ Move-in Fee paid: YES NO Newcomer packet completed: YES NO

DEPARTURE INFO

Move-out Date: _____ Reason:
- ☐ Voluntary Departure
- ☐ Substance Use Recurrence
- ☐ Disruptive Behavior
- ☐ Nonpayment of EES

Money Owed $ _____ Date Paid: _____