



## Pathways Sober Living Application Process

**Thank you for inquiring about Pathways Sober Living. In order to be considered for our Sober Living apartments you must follow directions listed below:**

1. Complete application.
2. Return application in person, by mail, fax, or email.  
(Mail) 13111 Lax Chapel Rd. Kiel, WI 53042  
(Fax) Attn: Luke 920-894-1373  
(Email) [soberliving@pathwaystoabetterlife.com](mailto:soberliving@pathwaystoabetterlife.com) or
3. Once the application has been received, please allow 2-3 business days for us to review.
4. If you have any additional questions about Sober Living or your application, please call 920-894-1374 to speak with Luke.

Thank you again for inquiring about Pathways Sober Living. We wish you the best in your Recovery Journey.

## Sober Living Guest Application

Date of Application: \_\_\_/\_\_\_/\_\_\_

Ideal Move In Date: \_\_\_/\_\_\_/\_\_\_

Full Name of Applicant: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Current Address: \_\_\_\_\_

Current Phone #: \_\_\_\_\_ Do you have a Driver's License: YES NO

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Email address: \_\_\_\_\_

Marital Status: Single Married Divorced In Process of Divorce Separated Widow/Widower

Current Legal Issues Pending:

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Probation Officer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Drug of choice: \_\_\_\_\_

Other drugs used: \_\_\_\_\_

Date of last illicit drug use: \_\_\_/\_\_\_/\_\_\_ (if applicable) Drug used: \_\_\_\_\_

Date of last Alcohol consumption: \_\_\_/\_\_\_/\_\_\_ (if applicable)

Most recent Treatment Program Experience: \_\_\_\_\_

Did you complete the program: YES NO Length of participation: \_\_\_\_\_

Current Prescription Medications:

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Current Non Prescription Medications:

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Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Will you sign a Release Of Information for Medical History? YES NO Release signed

Have you ever been diagnosed with any of the following conditions?

Allergies- meds taken: \_\_\_\_\_

Depression or anxiety – meds taken: \_\_\_\_\_

Eating Disorder-treatment received: \_\_\_\_\_

Hepatitis A, B, C-treatment received: \_\_\_\_\_

Sleep disorder/sleep apnea, ADD, ADHD, PTSD- meds taken: \_\_\_\_\_

Chronic Pain – meds taken: \_\_\_\_\_

HIV or AIDS- treatment received: \_\_\_\_\_

Are you currently employed? YES NO If yes, Where?

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Please list your employment experience:

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Do you have a high school diploma, HSED, GED, college or other degree? Please list here:

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List four goals you would like to accomplish while living at Pathways:

1. 

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2. 

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3. 

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4. 

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“Plan B”

If you are asked to leave Pathways due to misconduct, what is your “Plan B”? Do you have a safe place where can go if asked to leave? Note: If you are on probation, your ‘safe place’ may be in jail.

Safe Place: 

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Contact Info: 

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Relationship to you: 

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Term of stay at this sober house doesn't have a maximum, however we encourage a (3) three month commitment. You will be expected to work a job and/or attend school when you are steady in your recovery. You must attend at least (3) three 12 step programs per week, meet with your sponsor regularly to work the steps of a 12 step program, perform regular community service, participate in house chores and meetings, and maintain a respectful attitude towards other guests and staff/volunteers.

Referred by: 

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I consent to a background check.

Signature: 

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 Date: 

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