



## **Pathways Sober Living Application Process**

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

1. Complete application.
2. Return in person, by mail, fax, or email.

Mail: PO Box 347, Kiel, WI 53042

Fax: Attn: Sober Living 920-894-1373

Email: [SoberLiving@pathwaystoabetterlife.com](mailto:SoberLiving@pathwaystoabetterlife.com)

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 920-797-4329.

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 #: \_\_\_\_\_

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

Do you have a Driver's License: YES - NO

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

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

Current Legal Issues Pending:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

Current Non Prescription Medications:

\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

Please list your employment experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

### **“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: \_\_\_\_\_

Contact Info: \_\_\_\_\_

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

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.

\_\_\_ I consent to a background check. (Please initial.)

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