

# Brick House Foundation

## Admission Application

Today's Date: \_\_\_\_\_

Number of Days Sober \_\_\_\_\_ Requested Move In: \_\_\_\_\_

All residents of our program are required to pay a one-time application fee of \$100 for admission into our sober living program. Beds are on a first come, first serve basis and a bed can be reserved for up to 7 days once the application fee is paid. If the applicant does not check-in, the \$100 application fee is non-refundable.

1. Name of Applicant: \_\_\_\_\_

2. Male \_\_\_\_\_ Female \_\_\_\_\_

3. Email: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. Phone: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_

7. Age: \_\_\_\_\_

8. Are you an alcoholic? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Date of your last drink: \_\_\_\_\_

10. Are you addicted to drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Date of last drug use: \_\_\_\_\_

12. List drug(s) of choice \_\_\_\_\_

13. Number of AA/NA meetings you attend each week: \_\_\_\_\_ Location: \_\_\_\_\_

14. Do you have a Sponsor? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Name of sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_

16. Are you currently in treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Name of Treatment Facility: \_\_\_\_\_

18. Do you currently see a Therapist? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Therapists Name: \_\_\_\_\_ Phone: \_\_\_\_\_

20. Are you willing to sign a "Release of Information"? Yes \_\_\_\_\_ No \_\_\_\_\_

21. Have you completed any other Inpatient Treatment Programs Yes \_\_\_\_\_ No \_\_\_\_\_

22. Name of Facility \_\_\_\_\_

23. Date at facility \_\_\_\_\_

24. Are you under a doctor's care? Yes \_\_\_\_\_ No \_\_\_\_\_

25. Physician Name \_\_\_\_\_

26. Physician Phone: \_\_\_\_\_

27. List any and all medical and psychiatric diagnosis: \_\_\_\_\_

---

---

---

28. List all medications currently prescribed: \_\_\_\_\_

29. Have you ever been diagnosed SMI? Yes \_\_\_\_\_ No \_\_\_\_\_

30. Are you disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

31. What is the nature of your disability? \_\_\_\_\_

32. Are you currently on: Probation/IPS/Parole/ Pretrial/Drug court Yes \_\_\_\_\_ No \_\_\_\_\_

33. Current Charges: \_\_\_\_\_

34. List all arrests, convictions, sentences, prior prison or jail commitments and probation history: (Be thorough and list places/dates) \_\_\_\_\_

35. Are you a sex offender? Yes \_\_\_\_\_ No \_\_\_\_\_

36. Have you lived in a sober living environment before? Did you leave voluntarily? or Expelled Explain. \_\_\_\_\_

37. Currently Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

38. Employer: \_\_\_\_\_

39. How long: \_\_\_\_\_

40. Monthly Income: \_\_\_\_\_

41. If no, expected employment date:

(unless granted an exception, employment is required within 30 days of move-in date)

42. Name and Address of Employer: \_\_\_\_\_

43. Are you capable of paying monthly Program Fees? Yes \_\_\_\_\_ No \_\_\_\_\_

44. If no, state the name and phone number of responsible party:

Name \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Information: (List at least two contacts.)

Name, Relationship, Telephone number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I understand that the Brick House Foundation has been established an environment to promote recovery of alcoholism and drug abuse by: (A) prohibiting all residents from using any alcohol or illegal drugs, and (B) expelling any resident who violates such prohibition or partakes in any activity or behavior deemed as unacceptable sober living. In accepting these terms, the applicant understands that these conditions are different than the normal due process afforded by local landlord-tenant laws and does not in any way constitute a landlord/tenant relationship. I also understand that the Brick Hose Foundation may run a background check on the information I provided and reserves the right to deny applicant if any information is deemed detrimental to the recovery of any individuals or if information provided in application is false. I have read all of the material on this application form and have answered each question thoroughly and honestly.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

# Rules and Responsibilities Statement

## Phase 1

I, \_\_\_\_\_ voluntarily enter into this long term sober living home; understanding it is an alcohol and drug free residence and affirm that:

1. \_\_\_\_\_ I understand that for the first 30 days, the curfew will be 9pm and no overnight passes will be granted, however, family overnight passes may be approved with the house manager. Depending on the progress of the resident, this restriction can be lifted under 30 days at the house manager's discretion.
2. \_\_\_\_\_ I will not use illegal drugs or alcohol, or any mind-altering substances. Any use will result in immediate discharge from the premises.
3. \_\_\_\_\_ I understand that I will be randomly tested for drugs/alcohol at the sole discretion of the Brick House Foundation.
4. \_\_\_\_\_ I understand that random bedroom searches can be conducted by the House Manager at the sole discretion of the Brick House Foundation.
5. \_\_\_\_\_ I understand and agree to abide by the rules and regulations of the Brick House Foundation as outlined in the Sober Living Lease agreement Agreement.
6. \_\_\_\_\_ I understand that I must have a full time employment within 30 days of move-in or part time if attending IOP, PHP or enrolled in school.
7. \_\_\_\_\_ I understand and will attend daily 12-step or other recovery meetings and provide signatures for meetings I attend.
8. \_\_\_\_\_ I understand and will attend the mandatory weekly House Council Meeting and in-house Big Book study.
9. \_\_\_\_\_ I agree to voluntarily participate in assigned work activities/chores at the house and also 10 hours of weekly volunteering at Brick House Foundation homes as designated by staff.
10. \_\_\_\_\_ I understand I need to communicate my daily activities through the use of the Sign In/Sign Out Sheets/Board. If I do not come home for any reason, I will be discharged from the property for a minimum of 72 hours not to exceed 2 incidents in a calendar year.
11. \_\_\_\_\_ I understand that the Brick House Foundation is not liable for loss or theft of any personal property.
12. \_\_\_\_\_ I understand that I will not have any pornographic materials on the property, nor will I watch pornographic material either on the television or internet and will refrain from searching any inappropriate websites.
13. \_\_\_\_\_ I will not gamble, in any form, on the property.

14. \_\_\_\_\_ I understand I will not take another person's property without asking, nor will I eat or drink another occupant's food nor disturb any other Occupant's peaceful enjoyment of the Premises.

15. \_\_\_\_\_ I understand that I will treat the staff and the other Occupant's with courtesy and respect; I will not participate in any criminal conduct, nor threaten or behave inappropriately as to intimidate or harm any person.

16. \_\_\_\_\_ I understand the only guests allowed on premises are those individuals who have been preapproved by the House Manager in advance.

17. \_\_\_\_\_ I understand there is no sexual activity of any kind in the house at any time. This will result in immediate discharge from the premises.

18. \_\_\_\_\_ I agree to abide by the curfew hours of 10:00p.m. Sun-Thurs (lights out at 11:00p.m.) and 11:00p.m. Fri, Sat.(lights out at 12 midnight) If I am going to be late I will notify the House Manager immediately. Failure to do so will result in discharge from the property for a minimum of 72 hours.

19. \_\_\_\_\_ I understand and consent to bedroom checks daily at 9:00 a.m. with flexibility on the weekends.

20. \_\_\_\_\_ I understand and agree to park in designated parking areas only and not in front of the premises overnight.

21. \_\_\_\_\_ I understand that any violation of the rules will be written up by the House Manager and placed in my file. Three violations, excluding those resulting in immediate discharge, can result in discharge from the premises.

22. \_\_\_\_\_ I will not deliberately or negligently destroy, deface, damage, impair or remove any part of the Premises or knowingly permit a person to do so.

23. \_\_\_\_\_ I understand that if I protect and/or not disclose to the House Manager another Occupant's alcohol or drug use I will be discharged from the premises.

24. \_\_\_\_\_ I understand that if a relapse occurs, the person named on the Emergency Contact and/or The Release of Information Form will be notified. The resident will not be allowed to return for a minimum of 72 hours not to exceed 2 incidents in a calendar year.

25. \_\_\_\_\_ I understand that if I am receiving SNAP/LINK benefits I will contribute \$100.00 of the total benefit to assist in part of the monthly consumable household food budget.

26. \_\_\_\_\_ I understand that my random drug tests and breathalyzers are covered for my stay. An initial \$30.00 fee will be collected upon application. This fee will be refunded upon successful results of passing of the test. In the event the potential resident does not pass the test this fee will be forfeited to the Brick House Foundation for the cost of the testing.

---

Occupant's Signature

---

Date