

**ABLE House**  
**(413) 789-9874**  
**Application for Membership**

Name \_\_\_\_\_ Ph#: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License: No Yes State: \_\_\_\_\_ Exp: \_\_\_\_\_

Current Address \_\_\_\_\_  
(#) (Street) (City) (State) (Zip)

**Personal Information**

Marital Status:  Single  Married  Separated  Divorced

Number of Children: \_\_\_\_\_ Child Support Obligation: Yes No

Amount per Week: \$ \_\_\_\_\_ Amount of Arrearage: \$ \_\_\_\_\_

Have you ever been convicted of a felony in Massachusetts? No Yes(List below)

\_\_\_\_\_  
(Date) (Offense)

\_\_\_\_\_  
(Date) (Offense)

Have you ever been convicted of a felony in another state? No Yes(List below)

\_\_\_\_\_  
(Date) (State) (Offense)

\_\_\_\_\_  
(Date) (State) (Offense)

Have you ever been incarcerated? No Yes(List below)

\_\_\_\_\_  
(Date) (Institution) (Offense) (Term)

\_\_\_\_\_  
(Date) (Institution) (Offense) (Term)

Any unresolved ("open") cases pending? No Yes(List below)

\_\_\_\_\_  
(Court) (Offense) (Next Court Date)

\_\_\_\_\_  
(Court) (Offense) (Next Court Date)

Are you currently on Parole? Yes No Are you currently on Probation? Yes No

\_\_\_\_\_  
(End Date) (Name of Probation/Parole Officer) (Ph. # of Probation/Parole Officer) (Monthly Fee/Restitution)

Initials: \_\_\_\_\_ Date \_\_\_\_\_

**Education**

Are you currently enrolled in any school? No Yes \_\_\_\_\_

Education Completed: Elementary \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Trade School \_\_\_\_\_  
(# Of Yrs.) (# of Yrs.) (# of Yrs.) (# of Yrs.)

GED? Yes No Other diplomas, degrees or certificates earned: \_\_\_\_\_

**Medical**

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

Do you have medical insurance? No Yes \_\_\_\_\_  
(Disabling Condition) (Start Date of Disability)

Do you have a Primary Care Physician? No Yes \_\_\_\_\_  
(Name of Insurance Co.) (Enrollment #)

Do you have a Primary Care Physician? No Yes \_\_\_\_\_  
(Name) (Ph. #)

Are you now being treated for any medical condition? No Yes (List below)

\_\_\_\_\_  
(Treating Physician) (Name of Condition) (Description of Treatment) (Frequency)

\_\_\_\_\_  
(Treating Physician) (Name of Condition) (Description of Treatment) (Frequency)

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Are you now being treated for any psychological condition?  No  Yes (List below)

\_\_\_\_\_  
(Name of Treating Clinician) (Phone #) (Name of Condition) (Frequency of visits)

\_\_\_\_\_  
((Name of Treating Clinician) (Phone #) (Name of Condition) (Frequency of visits)  
Are you now taking any prescription medication?  No  Yes (List below)

\_\_\_\_\_  
(Prescribing Physician) (Name of Medication) (Dosage) (Frequency)

\_\_\_\_\_  
(Prescribing Physician) (Name of Medication) (Dosage) (Frequency)

\_\_\_\_\_  
(Prescribing Physician) (Name of Medication) (Dosage) (Frequency)  
Initials: \_\_\_\_\_ Date \_\_\_\_\_

### **Substance Abuse History**

Are you a recovering alcoholic/drug addict?  No  Yes Drug(s) of Choice: \_\_\_\_\_

Have you ever been treated for alcoholism or drug addiction?  No  Yes (List below)

\_\_\_\_\_  
(Name of Program) (Dates of Attendance) (Reason for Leaving)

\_\_\_\_\_  
(Name of Program) (Dates of Attendance) (Reason for Leaving)

Are you currently attending self-help recovery meetings?  Yes  No Type:  AA  NA  AIAnon

Do you have a sponsor?  Yes  No  N/A Do you have a Home Group?  Yes  No  N/A

Sobriety Date/Date Last Used: \_\_\_\_\_ Do you take:  Methadone  Suboxone \_\_\_\_\_  No  Yes \_\_\_\_\_  
(Dosage)

### **Income Sources**

Are you currently employed?  No  Yes Wages/Salary: \$ \_\_\_\_\_/Hour  Day  Week  Month

Full Time  Part Time: # of Hours/Week \_\_\_\_\_  Per Diem # of Days /Week \_\_\_\_\_

\_\_\_\_\_  
(Name of Employer) (Address of Employer) (Position) (Start Date)

Do you receive a monthly benefit check?  No  Yes Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Do you receive any other income?  No  Yes Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### **Emergency Information**

Do you have any life-threatening medical or physical disorder?  No  Yes

Describe the Disorder: \_\_\_\_\_

Emergency Instructions: \_\_\_\_\_

Names and Contact Information of People to Contact in case of an Emergency:

\_\_\_\_\_  
(Name) (Phone Numbers) (Relationship)

\_\_\_\_\_  
(Name) (Phone Numbers) (Relationship)

I, \_\_\_\_\_, hereby certify that the above information is true, correct and complete. I also certify that I understand that this is not a rental agreement but an application for membership into the sober living community. I will not become a tenant nor have the rights of a tenant. My residence here is based on maintaining my sobriety, doing my chores and paying my fee.

\_\_\_\_\_  
(Applicant Signature) (Date) (Witness Name) (Witness Signature)