



## Common Application for Sober/Supportive Housing by UpLift Housing Members.

Use this application for any participating UpLift Housing Network Members.  
 Contact the individual house to schedule an interview.

1. Print Name (Last, First, Middle)			3. Date of Birth		
			Month	Day	Year
2. Present address (Street) Check if treatment facility			4. Phone Where You Can Be Reached		
			Home (       )		
City	State	Zip	Work (       )		
5. Are you an Alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Date of Your Last Drink?	9. List drugs you used addictively:		
7. Are you addicted to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Date of last drug use?			
10. When did you attend your first AA or NA meeting?			11. How many AA/NA meeting do you now attend each week?		
12. Do you want to stop drinking alcohol and using addictive drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			13. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" who is your employer?		
14. Are you getting welfare or other non-job related income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" what?			15. If you do not have a job will you get one? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," what job plans do you have?		
16. What is your monthly income right now? \$ _____			17. What do you expect your monthly income to be next month? \$ _____		
18. Marital status [Check One] <input type="checkbox"/> Married, <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			19. Do you have a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the doctor's name and phone number:		
20. Have you ever been to a treatment facility for alcoholism and/or drug addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the treatment provider, phone number and primary counselor, if any.			21. Do you take prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list drugs and reason the drug has been prescribed.		
Please complete page two of this application.					

22. Date of move in ?  Immediately  Other If "other" list the date you would want to move in, if accepted, and why the date is in the future rather than immediately. Date: \_\_\_\_\_ Reason: \_\_\_\_\_

23. Have you ever lived in a sober living home before?  
 Yes  No If "yes," provide the name and location of the House below and answer question 24.

24. [Answer this question if the answer to question 23 was "yes."] I left the previous House for the following reason: [check one]  
 relapse,  voluntarily, other reason(s) \_\_\_\_\_

25 List one emergency contact and one or two personal references.

Name and Address 1-2-3	Relationship	Telephone

26.  
I understand that homes receiving this application are all drug and alcohol free. If I break this rule, I will be asked to leave and I will comply. I understand that homes may encourage other residents' input about my application. I understand that California Landlord Tenant rules generally apply with some exceptions to protect the recovery atmosphere of the home and other residents. I understand that a mediation service is available to me at no charge for any issues that may arise and not able to be handled by the home.

27. Use this space for additional relevant information:

28. I have read all of the material on this application form including the limitations set forth in item 26. I have also answered each question honestly.

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

FOR HOME USE

ACCEPTED  NOT ACCEPTED • MOVE IN DATE \_\_\_\_\_ • MOVE OUT DATE: \_\_\_\_\_  
HOUSE KEYS RETURNED  YES  NO • OUTSTANDING DEBT TO HOUSE \$ \_\_\_\_\_ DATE REPAID \_\_\_\_\_