



# RESIDENT INTAKE APPLICATION



Thank you for your interest in our structured, peer-supported recovery environment. This application helps us determine whether our community is the right fit for your recovery goals and needs.

**ALBANY, NEW YORK**

## SECTION 1 – APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Current Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_

## SECTION 2 – RECOVERY INFORMATION

Are you currently in recovery?  Yes  No  
 Date of Last Use: \_\_\_\_\_  
 Substance(s) of Choice: \_\_\_\_\_  
 Are you currently participating in outpatient or treatment services?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 What are your current recovery goals? \_\_\_\_\_  
 Why are you seeking sober living at this time? \_\_\_\_\_

## SECTION 3 – HOUSING & SUPPORT INFORMATION

Have you previously lived in a sober living residence?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Were you referred by a program, agency, or individual?  
 Yes  No  
 Referral Source: \_\_\_\_\_  
 Case Manager / Counselor Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Are you currently on probation or parole?  Yes  No  
 If yes, please provide officer name and contact information: \_\_\_\_\_

## SECTION 4 – EMPLOYMENT & FINANCIAL INFORMATION

Current Employment Status: \_\_\_\_\_  
 Employer (if applicable): \_\_\_\_\_  
 Primary Source of Income: \_\_\_\_\_  
 How do you plan to pay residency fees?  
 Employment  Family Support  Assistance  
 Scholarship/Grant  Other  
 If other, explain: \_\_\_\_\_

## SECTION 5 – MEDICATION & MEDICAL INFORMATION

Are you currently prescribed any medications?  Yes  No  
 If yes, list medications below:

Medication	Dose	Frequency

Do you have any allergies or important medical conditions we should be aware of? \_\_\_\_\_  
 Do you have any mobility or accessibility concerns?  Yes  No  
 If yes, please explain: \_\_\_\_\_

## SECTION 6 – TRANSPORTATION INFORMATION

Do you own or have access to a vehicle?  Yes  No  
 If yes, vehicle make/model: \_\_\_\_\_

## SECTION 7 – LEGAL & SUPERVISION INFORMATION

- A felony  Yes  No If yes, nature of conviction: \_\_\_\_\_
- On probation  Yes  No Probation officer name & phone #: \_\_\_\_\_
- Required to register as a sex offender  Yes  No  
If yes, please explain: \_\_\_\_\_
- On parole  Yes  No Parole officer name & phone #: \_\_\_\_\_
- Legally mandated to live in sober housing?  Yes  No  
If yes, by whom: \_\_\_\_\_

## SECTION 8 – APPLICANT ACKNOWLEDGEMENTS

Please initial each statement below:

\_\_\_\_\_ I understand that this is a structured, peer-supported recovery residence. \_\_\_\_\_ I understand that submission of this application does not guarantee admission.  
 \_\_\_\_\_ I understand that it is a substance-free living environment. \_\_\_\_\_ I certify that the information provided in this application is true and accurate to the best of my knowledge.  
 \_\_\_\_\_ I understand that compliance with house rules, curfews, meetings, and recovery expectations is required.

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