

Becoming Her Recovery Living

Master Resident Application & Intake Packet

This comprehensive intake packet is designed to help Becoming Her Recovery Living evaluate recovery readiness, housing compatibility, support needs, treatment history, safety concerns, and overall program fit for women seeking admission into our structured sober living environment.

PERSONAL INFORMATION

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____

Social Security Number: _____

Driver's License/State ID #: _____

Phone Number: _____

Email Address: _____

Current Address: _____

Emergency Contact Name: _____

Relationship to Applicant: _____

Emergency Contact Phone Number: _____

CHILDREN & FAMILY INFORMATION

Do you have children? _____

How many children do you have? _____

Please list names and ages of children:

Do your children currently live with you? _____

If not, who currently has custody or guardianship?

Are there any open DFCS/CPS/family court matters?

Describe your current family support system:

HOUSING HISTORY

Where were you living before applying to this program?

Have you experienced homelessness within the last 5 years? _____

Have you ever been evicted? _____

If yes, explain:

Have you previously lived in sober living housing? _____

If yes, where and when?

SUBSTANCE USE HISTORY

Primary Substance of Choice: _____

Secondary Substance(s): _____

Age Substance Use Began: _____

Date of Last Use: _____

History of IV Drug Use: _____

Have you overdosed before? _____

If yes, how many times? _____

Describe your longest period of sobriety:

What usually contributes to relapse for you?

PRIOR DETOX & TREATMENT HISTORY

Have you ever attended a detox program? _____

If yes, how many times? _____

Please list detox facilities attended:

Have you ever attended inpatient or residential treatment? _____

If yes, how many times? _____

Please list treatment facilities attended and dates:

Facility: _____

Dates: _____

Reason for Discharge: _____

Facility: _____

Dates: _____

Reason for Discharge: _____

OUTPATIENT & RECOVERY PROGRAM HISTORY

Have you participated in outpatient treatment, counseling, or recovery programs?

■ AA (Alcoholics Anonymous)

■ NA (Narcotics Anonymous)

■ Celebrate Recovery

■ SMART Recovery

■ Intensive Outpatient Program (IOP)

■ Therapy/Counseling

■ Faith-Based Recovery Program

■ Other: _____

How long were you active in recovery programs?

RECOVERY READINESS & ACCOUNTABILITY

Do you currently believe you are committed to sobriety? _____

Why are you seeking sober living housing at this stage in your life?

What changes are you willing to make to support your recovery?

Are you willing to participate in:

- Random drug/alcohol testing
- Curfews
- House meetings
- Accountability check-ins
- Recovery meetings
- Employment/job readiness activities
- Counseling referrals if needed

MENTAL HEALTH & TRAUMA HISTORY

Have you ever been diagnosed with depression, anxiety, PTSD, bipolar disorder, or another mental health condition?

Have you ever experienced trauma, abuse, neglect, or domestic violence?

Have you ever been hospitalized for mental health reasons? _____

Are you currently taking prescribed medications? _____

Please list medications below:

LEGAL INFORMATION

Are you currently on probation or parole? _____

Do you have pending criminal charges? _____

Please explain any current legal obligations:

Do you have a history of violent behavior? _____

EMPLOYMENT & FINANCIAL INFORMATION

Current Employment Status:

■ Full-Time ■ Part-Time ■ Student ■ Unemployed ■ Disability

Employer Name: _____

Monthly Income Estimate: _____

Do you currently receive government assistance or benefits?

Do you have reliable transportation? _____

PROGRAM EXPECTATIONS

Residents of Becoming Her Recovery Living are expected to:

- Maintain sobriety at all times
- Follow house rules and curfews
- Respect staff, residents, and property
- Participate in accountability systems
- Maintain cleanliness and personal responsibility
- Participate in recovery meetings and activities
- Avoid violence, threats, or disruptive behavior

Failure to follow house expectations may result in discharge from the program.

APPLICANT CERTIFICATION

I certify that the information provided in this application is truthful and complete to the best of my knowledge. I understand that Becoming Her Recovery Living is a structured sober living environment and that admission into the program is based on safety, compatibility, and program approval. Applicant Signature:

Date: _____

Staff Signature: _____

Date: _____
