



SVdP's Catherine's Home

SOBER LIVING HOME RESIDENT APPLICATION

Applicant Information

Full name:	<div><div></div><div></div><div></div></div>	Date:	
Address:	<div><div></div><div></div><div></div></div>	Phone:	
	<div><div></div><div></div><div></div></div>	Email:	
Ethnicity:		Social Security Number:	
County of last residence			
Do you have a valid CA ID or drivers license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If so, please provide your CA ID or DL#:		Expiration:	

Emergency Contact Information

Full name:		Relation:	
Phone:		Email:	

Background Information

Have you ever been incarcerated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What facility?		Release date:	
Reason for most recent incarceration:			
Charges:		Length of time served (past and present):	
Date of first incarceration:		Past offenses:	
Do you have any outstanding warrants or current court cases pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If so, where?		
Attorney:		Email:	
		Phone:	

Have you scheduled a court hearing for this active case? Yes ☐ No ☐

If yes, please provide court hearing date and information:

Are you currently, or will you be, on probation or parole? Yes ☐ No ☐

If yes, please provide your court ordered stipulations related to your probation and length of time:

Probation Officer/
Parole Agent Name:

Phone:

Are you on an ankle monitor? Yes ☐ No ☐

Are you concerned about your safety? If so, please explain:

Relationship and Family Information

Are you currently in a romantic relationship? Yes ☐ No ☐

If yes, please explain:

Are you currently married? Yes ☐ No ☐

Spouse Name:

Phone:

If you have children, please list them below. If you need more space, please list at the end of the application:

Full name: Age: Sex: M / F (circle one)

Full name: Age: Sex: M / F (circle one)

Full name: Age: Sex: M / F (circle one)

Full name: Age: Sex: M / F (circle one)

Do you have any court orders related to your children? Yes ☐ No ☐

If yes, please explain:

Employment Information

Please list your employment history beginning with current employer:

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
May we contact your current employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Supervisor Phone:	_____		

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____

You will be required to provide (2) of your most recent pay stubs or provide proof of income for the party responsible for paying your monthly expenses (family, friend, organization)

Gross Monthly Income:	_____
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Recovery Information

Tell us about your goals and plans (employment, education, family, personal, and spiritual growth). What do you hope to accomplish in your life?

Have you completed an in-patient or out-patient recovery program within the last 60 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Facility:	_____	From: _____ To: _____

☐ By checking this box, I agree to provide my Certificate of Completion. The original document must be provided to staff and is attached to this application.

Have you attended additional program(s) in the past?
(residential or non-residential)

Yes ☐

No ☐

Facility:

From:

To:

Completed?:

Facility:

From:

To:

Completed?:

Facility:

From:

To:

Completed?:

Why do you feel you are ready to be in a Sober Living Environment?

What have been your biggest personal challenges in recovery?

What do you think will be your biggest personal challenge moving forward?

How will living in a Sober Living Home help with your reentry to society?

Drug(s) of Choice:

Briefly explain your history and use with drugs and/or alcohol:

What other drugs, if any, have you used in the past? Please list.

How long have you been clean and sober?

Do you currently attend AA/NA meetings?

Yes ☐

No ☐

County:

Homegroup:

Do you have a regular service commitment?

Yes ☐

No ☐

Meeting Name:

Service
Provided:

Do you have a Sponsor?

Yes ☐

No ☐

Name:

Phone:

What step are you on?

Have you dropped/reviewed this step with your current Sponsor?

Yes ☐

No ☐

Medical Information

Do you have a medical condition or physical health issues?

Yes ☐

No ☐

If so, please explain in detail and tell us how you maintain your health:

Have you been diagnosed with a mental health disorder?

Yes ☐

No ☐

What is your diagnosis and what age were you first diagnosed?

Where did you receive this diagnosis?

Clinician/
Facility:

Contact
Information:

Have you ever been hospitalized for psychiatric reasons?

Yes ☐

No ☐

Briefly explain circumstances and when this occurred:

Please list the medications you are currently taking:

Medication:	Dosage:	Purpose:
Medication:	Dosage:	Purpose:
Medication:	Dosage:	Purpose:
Medication:	Dosage:	Purpose:

Are you currently prescribed any medication(s) for Substance Use Disorder?

Yes ☐

No ☐

If so, please list medication name, strength and dosage:

Medication:	Strength:	Dosage:

Do you currently have Medi-Cal?

Yes ☐

No ☐

If so, what county?

Medical Record Number:

Hospital/Physician:

Do you have other health insurance?

Yes ☐

No ☐

Medical Record Number:

Provider:

Have you recently had a physical exam or TB test?

Yes ☐

No ☐

Date of last physical:

Hospital/Physician:

☐ I affirm that the information given by me on this application is true and accurate. Upon submission, I agree to provide documentation confirming I have completed a recovery program within the last 60 days. _____ (initial)

In addition, I have also provided my most recent paystubs or proof of income from the party responsible for my monthly expenses at SVdP's SLH. _____ (initial)

I also understand that if I do not complete this application in its entirety and/or do not provide the required documentation, my application will not be considered, and I understand that I will need to complete a new application when I am able to complete all necessary steps. I understand that completing the application does not guarantee admission to the home. You may be required to apply at a later date. _____ (initial)

I understand that more information may be required of me during the application process. _____ (initial)

Signature:

Date:

If you received assistance with filling out this application, please provide the contact information for that person below. If a family member, legal agent, or clinical facility assisted – please specify.

Assistance Provided By:

Name:

Relation to
Applicant:

Signature:

Date:
