

Application for Community Healing Centers Recovery Housing Program

To be considered for acceptance into our Recovery Housing Program, the applicant must complete this application honestly and thoroughly. All spaces must be filled out on the application. If a question does not apply, write not applicable or n/a in the space. This shows that you have read and filled out the application fully.

Which CHC Recovery House are you applying to live in? (Check all that apply)

- Bethany House – Women & Children -- Kalamazoo Star of Hope – Women -- Niles
 Hope House – Women & Children – Sturgis New Beginnings – Men -- Kalamazoo

General Information:

Name: _____ phone #: _____

Date of birth: _____ Social security number: _____

Address: _____ City/State/zip code: _____

Relationship status: Single Married Divorced In relationship Widowed

Are you currently homeless? Yes No If yes, are you living in: Shelter Friends/family home

Motel Car Tent/outside Jail Other: _____

Are you currently being evicted or have a court ordered eviction against you? Yes No

Do you have a valid drivers license? Yes No Will you be bringing a car? Yes No

If yes, is car properly registered? Yes No Do you have current/valid car insurance? Yes No

Legal History:

Have you been convicted of a misdemeanor or felony? Yes No If yes, date of charge: _____

Charge/s: _____ County & State: _____

If yes, you may provide an explanation: _____

Do you have any pending charges? Yes No If yes, date of charge: _____

Charge/s: _____ County & State: _____

If yes, you may provide an explanation: _____

Do you have any outstanding warrants? Yes No If yes, date of charge: _____

Charge/s: _____ County & State: _____

If yes, you may provide an explanation: _____

Are you currently on Probation or Parole? Yes No Charge: _____

Name of probation or parole officer: _____ County/State: _____

Are you involved in a specialty court? Drug Court Family Treatment Court other: _____

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Who is your court case manager? _____ Phone Number: _____

Do you have a PPO against you? Yes No If yes, who has one against you? _____

Do you have a PPO against anyone? Yes No If yes, who is it against? _____

Employment/Financial Information:

Are you currently employed? Yes No If yes, employer name: _____

Any other source of income: _____

Are you willing to seek employment as part of our program? Yes No

Do you receive help/support financially from people in your life? Yes No

Do you have food stamps? Yes No If no, have you applied? Yes No

Medical History:

Do you have Medicaid? Yes No If no, have you applied? Yes No If yes, what county? _____

Do you have any other medical insurance? Yes No If yes, what insurance? _____

Do you have a primary care doctor: Yes No Name of Doctor/Facility: _____

Do you have an OB/Gynecologist : Yes No Name of Doctor/Facility: _____

Are you pregnant? Yes No If yes, when is your due date? _____

Please list any physical limitations or injuries you may have (ie: climbing stairs, walking to bus, working full time, or doing chores): _____

Do you have any current medical conditions (ie: diabetes, sleep apnea, seizures)? _____

Are you prescribed any medications? Yes No Please list below with name of prescription and dose:

Mental Health and Behavioral History:

Have you ever been diagnosed with any mental health disorders (depression, anxiety, etc)? Yes No

Please list any diagnosis you have received and when received: _____

Do you take any medications for mental health? Yes No Previously taken medication? Yes No

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Please list all medication currently taking for mental health and doctor who prescribes:

Have you attended counseling/treatment for mental health disorders in the past? Yes No

If yes, when and where: _____

Are you currently attending counseling/treatment for mental health disorders? Yes No

If yes, where: _____ therapist name: _____

Any history of abuse (mental, physical, or sexual)? Yes No

Are you currently in or recently left an abusive relationship? Yes No

Do you have any history of violence towards others? Yes No If yes, please explain: _____

Substance use and Recovery History

Please list primary drug(s) of choice: _____

When was the last time you drank any alcohol? Date: _____ How often? _____

When was the last time you used drugs of any kind? Date: _____ How often? _____

What drug(s)? _____

Do you currently attend any AA/NA/other related recovery meetings? Yes No

Are you currently attending substance use counseling/therapy? Yes No

If yes, where: _____ Therapist Name: _____

If in residential/inpatient treatment, when is your expected discharge date? _____

Are you currently receiving Medication Assisted Treatment? Yes No

If yes, what medication? _____ Doctor: _____

Have you attended substance use treatment in the past? Yes No If yes, what type (check all that apply)?

Detox Residential/inpatient Outpatient Intensive Outpatient

Where did you attend? _____ When? _____

Have you ever lived in recovery housing? Yes No If yes, when/where? _____

Why did you leave the recovery house? _____

How do you believe recovery housing will benefit your sobriety? _____

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Child information

Do you have any children(under age 18)? Yes No Do you have adult children? Yes No

Do you have custody of your children? Yes No Are you trying to regain custody? Yes No

Does anyone have temporary or permanent guardianship of your children? Yes No

Have your rights been terminated to any of your children? Yes No

Are your children in foster care? YesNo Living with other parent/family? Yes No

Do you have children under the age of 8 that would be coming to the house with you? Yes No

If you have any children living with you, please complete the following information:

1. Name _____ age_____ boy girl school grade _____
2. Name _____ age_____ boy girl school grade _____
3. Name _____ age_____ boy girl school grade _____

Do you have an open child protective services case? Yes No If yes, case worker:_____

Phone number: _____ Agency/County:_____

Is there any other information you would like us to know that you think would be useful for us when reviewing your application for admission to our Recovery Housing Program? _____

_____.

I hereby declare that the information submitted in this program application is true to the best of my knowledge. I understand that completing this application does not guarantee acceptance into transitional housing. I further understand that applicants must meet all qualifications required by SWMBH as the program manager. I also understand this is a recovery program and not a landlord/tenant arrangement.

I understand that providing false information or the omittance of information deemed important to the program can lead to discharge from the transitional housing.

Please be advised by signing this document, you authorize CHC Recovery Housing Program and its representatives to obtain and share information regarding your application for program participation. All information submitted in this application will be held confidential and will not be released to any third party without prior authorization.

Signature of Applicant

Date

Please check this box if above signature was done electronically