



Upon completion of both pages of this application, please email to info@avenuestorecovery.net or fax to 913-273-0720

Lorraine's House Application for Membership

1. Print Name (Last, First, Middle)			3. Date of Birth		
			Month	Day	Year
2. Present Address (Street) Check if treatment facility <input type="checkbox"/>			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?		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 the other side of this application

2. Date of move in? Immediately Other If "other" please list the date you would like 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 details and answer question 24.

24. [Answer this question if the answer to question 23 was "yes."] I left the previous sober living home for the following reason: [Check One]
 Relapse Voluntarily Other Reason(s) _____

YES, I DO owe money to the sober living home I left NO, I DO NOT owe money to the sober living home I left

If "YES" will you agree to repay the money you owe to your former sober living home? Yes No

25. Emergency Telephone Numbers. Please list family doctor if you have one + two family members or friends.

	Name	Address	Relationship	Telephone
1				
2				
3				

Legal History: Please list ALL legal charges and arrests below.

Charge:	Date Arrested:	Date Convicted:	Incarcerated? Y/N:	Status:

Have you ever been charged or convicted of a violent crime? YES (Please explain below) NO

28. I have read all of the material on this application form. I have answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse.

Signature: _____ Date: _____

On move-in day, the first week's rent is due in addition to a \$200 NON-REFUNDABLE DEPOSIT.

FOR USE BY LORRAINE'S HOUSE OFFICE STAFF ONLY

ACCEPTED NOT ACCEPTED REASON: _____
MOVE IN DATE: _____ MOVE OUT DATE: _____
OUTSTANDING DEBT TO HOUSE \$ _____
APPLICANT IS ELIGIBLE FOR FUTURE RE-OCCUPANCY: Yes No If "no", why? _____



Lorraine's House Occupancy Agreement

I understand that I must follow the conditions stated in Resident Handbook and the following:

1. I agree to pay \$135.00 weekly, with rent due on Sunday for the following week
2. I also agree to pay \$200.00 non-refundable deposit to support upkeep and supplies for Lorraine's House

I understand that if I am unable to follow the rules of the house, this may result in my termination from Lorraine's House and possible eviction for the premises

I further understand that due to the nature of the Lorraine's House policy, this house seeks to be non-discriminatory in any way, save for refusal to house violent offenders and those that have committed sexually inappropriate crime.

I acknowledge that I have received and have had explained to me the resident Handbook. I agree to follow the policies and procedures outlined in it. I realize that the guide does not cover all situations, and I am aware that IO can talk to House Manager, or other staff if I have questions or concerns.

_____ Date _____

Resident

_____ Date: _____

Lorraine's House Staff