

Recovery Houses of Rochester Supportive Housing Application

Please complete both sides of this application. After completing the application, please call the number listed to schedule an appointment for an interview with residents of an existing house.

Please print:

_____ **Date**
of Birth _____
Last Name _____ **First Name** _____ **MI** _____
mm/dd/yy

Social Security Number: _____ **Telephone:**
(Home) _____ **(Work)** _____

Present Address _____ **City,**
State _____ **Zip** _____

Marital Status:

- Married
- Never Married
- Separated
- Divorced

Emergency Contact Information:

Name and Address _____ Relationship _____ Telephone _____

1) _____

2) _____

3) _____

Carefully read the following questions and answer honestly.

1) Are you in recovery from alcoholism?

- Yes
- No Date of last drink: _____

2) Are you in recovery from drug addiction?

- Yes
- No Date of last drug use: _____

3) Do you attend AA/NA or self-help support groups?

- Yes
- No

4) How many AA/NA or self-help support groups do you attend per week?

5) Do you want to stop drinking alcohol and using addictive drugs?

- Yes
- No

6) Are you employed?

- Yes
- No If yes, who is your employer?

7) Are you getting welfare or other non-job-related income?

- Yes
- No If yes, what type?

DHHS Worker's Name: _____ Case #: _____

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8) If you do not have a job are you willing to become employed?

- Yes
- No If yes, what job plans do you have?

9) What is your monthly income right now? \$ _____

10) What do you expect your monthly income to be next month?

\$ _____

11) Do you have a medical doctor?

- Yes
- No

If yes, list doctor's name and address _____

12) Have you ever been to a treatment facility for alcoholism and/or drug addiction?

- Yes
- No

If yes, list the treatment facility, phone number and primary counselor, if any. (You may be required to sign a release of information to provide RHR information regarding your treatment program.)

13) Do you take prescription drugs?

-
-

Yes

No If yes, list drug(s) and reason(s) the drug(s)

is/are being prescribed.

14) If accepted into housing with Recovery Houses of Rochester, how soon do you want to move in?

Immediately

Other If other, list date you would like to move in. _____

Additional relevant information:

I have completed this application and have answered questions honestly and to the best of my ability. I agree that if I am accepted in supportive housing with Recovery Houses of Rochester, I will remain abstinent from drugs and alcohol. I realize that I can be expelled from the house that I become a member of, if for some reason I return to using drugs and alcohol and/or if my behavior is such that it compromises the moral integrity of the house. I also realize that at such time that I am expelled, I will have 30 minutes to remove my personal belongings from the house or make arrangements to come back for them. I accept the terms of this application and the terms of the rules and policies of Recovery Houses of Rochester, and I have made a commitment to achieve sobriety and recovery from alcoholism and/or drug addiction without relapse. In accepting these terms, the applicant understands that he/she excludes himself or herself from the normal due process afforded by local landlord-tenant laws.

Applicant Signature

Date

Office Use Only:

___Accepted ___Not Accepted Move in Date _____ Move Out

Date _____

House keys returned ___Yes ___No

Outstanding debt owed to house

\$ _____

Date

Repaid: _____

Recovery Houses of Rochester
Suite203, Rochester, New York 14626
Telephone: (585) 730-4422

1320 Buffalo Road

Fax: (585) 730- 4488

Mobil: (585) 802-8709

**Recovery Houses of Rochester Supportive Housing
Resident Goal setting**

1) What are your goals for your recovery the first 90 days while residing at recovery house ?

2) What are the behavioral Changes that you are committing to make ?

3) How can recovery house help you achieve your goals ?

4) Why should recovery house provide you with housing ?