



RECOVERY HOUSES OF ROCHESTER SUPPORTIVE HOUSING

APPLICATION FORM

Welcome Message

Welcome to Recovery Houses of Rochester! Recovery Houses of Rochester is a multi-site, sober living community that provides residents with wrap-around support and peer-mentoring to enable and encourage our residents' recovery journey. The team at Recovery Houses of Rochester work with residents to reconnect with family members, receive financial counseling, job and skills training and obtain benefits counseling. We know recovery is a process and is a lifelong commitment. The team at Recovery Houses of Rochester is here to work with you as you continue on the road to recovery and maintain your commitment to recovery.

We got your initial contact, but we require more details to better understand how we can help you. Would you mind taking a few minutes to finalize your application? We look forward to welcoming you and working with you.

SMS Message

Welcome to Recovery Houses of Rochester! Recovery Houses of Rochester is a multi-site, sober living community that provides residents with wrap-around support and peer-mentoring to enable and encourage our residents' recovery journey.

Thank you for your interest in continuing your recovery journey at recovery Houses of Rochester. We got your initial contact, but we require more details to better understand how we can help you. Would you mind taking a few minutes to finalize your application?

Personal Details

1. First Name, Middle Name, Last Name: (Required)
2. Have you ever been known by an alternate name? (Required) Yes No
3. Date of Birth: (Required) (MM)-(DD)-(YYYY)
4. Your last permanent address is:

Contact

1. In order to process your application we need a way to contact you. Please provide at least one of the following: (Required)

Cell Phone Number: _____ Landline Phone Number: _____

Email Address: _____

Demographics

1. Ethnicity (Required)

- Hispanic/Latino Native Hawaiian/Other Pacific Islander
American Indian/Alaska Native Asian
African American/Black Hispanic/Latino
White Other
Decline to respond

2. What is the highest level of education you completed? (Required)

- Elementary or high school, no diploma Elementary or high school, GED
High school diploma College, no degree
Associate's degree Bachelor's degree
Master's degree Professional degree (example: JD, MBA)
Doctorate degree (example: PhD, EdD) Other _____

3. Are you a veteran? (Required) Yes No

4. Are you getting welfare or other non-job related income? (Required) Yes No

5. If "Yes" to the question above, what is the name of your DHS case worker and your case number (Name, Case #)? (Required)

Program Details

1. Do you have any concerns with sharing a room? (Required) Yes No

2. Are you able to perform household chores? (Required) Yes No

Current Living Situation

In order to better understand your transition to our program it is helpful to understand your current living situation.

1. What best describes your current living situation? I am living... (Required)

- By myself With my family
With my roommate(s) At a program, facility, or institution
I have no permanent place to live and I am currently experiencing homelessness

2. (Answer if "At a program, facility, or institution" was selected above.) What was your living situation before the program, facility, or institution?

- Living by myself Living with my family
Living with my roommate(s)
I had no permanent place to live and I am currently experiencing homelessness

3. (Answer if "I have no permanent place to live and I am currently experiencing homelessness" was selected above.) How long have you been experiencing homelessness?

- 1 to 7 days 2 to 3 weeks
1 to 6 months More than 6 months

4. Where did you sleep last night? _____

5. How long have you lived in this situation/arrangement? _____

6. How many times have you been homeless in the last 3 years? _____

7. Home many months have you been homeless in the last 3 years? _____

Family

1. What is your marital status?

- Single Married Engaged
Divorced Separated Domestic Partnered
Widowed

2. Are you in the process of family reunification? Yes No

3. Do you have children? (Required) Yes No

4. Please add at least two (2) personal contacts (Required)

	Contact #1	Contact #2
First Name, Last Name		
Phone Number		
Email Address		
Relationship to Applicant		
Can we release information to this person?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is this an emergency contact	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Notes		

Substance Use History

1. Drug(s) of Choice (Required)

- Alcohol Amphetamines Barbiturates
Benzodiazepines Buprenorphine Cocaine
Ecstasy (MDMA) Marijuana Methadone
Other _____

2. How many years have you been using alcohol or other drugs? (Required) _____ years

3. Do you use tobacco? (Required) Yes No

Addictive Behaviors

1. Do you gamble? (Required) Yes No

Treatment and Recovery Information

1. Are you currently in a treatment program? (Required) Yes No

2. Which 12 step meetings do you attend? (Required)

- Narcotics Anonymous (NA) Alcoholics Anonymous (AA)
SMART Recovery Celebrate Recovery
Other _____ None

3. What is your sober or clean date? (Required) (MM)-(DD)-(YYYY) Yes No

4. Do you plan to attend 90 meetings in 90 days? (Required) Yes No

5. Do you have a sponsor? (Required) Yes No
6. Do you have a Recovery Coach? (Required) Yes No
7. Do you have a case manager? (Required) Yes No

Medical Information

1. Do you have any allergies? (Required) Yes No
2. Do you have any physical health/medical conditions or disabilities? (Required) Yes No
3. Do any of the following apply to you? (Required)

<input type="radio"/> Hepatitis A	<input type="radio"/> Hepatitis B	<input type="radio"/> Hepatitis C
<input type="radio"/> Immune System Disorder	<input type="radio"/> Sexually Transmitted Infections (STIs)	
<input type="radio"/> Tuberculosis	<input type="radio"/> Other _____	
4. Do you have a history of seizures? (Required) Yes No
5. Do you have any upcoming appointments or ongoing physical needs? Yes No
6. Are you currently under the care of any of the following provider types: (Required)

<input type="radio"/> Medical Doctor (PCP)	<input type="radio"/> Psychiatrist	<input type="radio"/> Psychologist
<input type="radio"/> Therapist	<input type="radio"/> Other _____	<input type="radio"/> None of the above
7. Do you have any medical equipment?

<input type="radio"/> Walker	<input type="radio"/> Cane	<input type="radio"/> Glucose Meter
<input type="radio"/> C-Pap Machine	<input type="radio"/> Specialized Pillow	<input type="radio"/> Other _____
<input type="radio"/> Not applicable		
8. Are you currently using any prescription medications?

Yes No
9. Are you currently using any over-the-counter medication?

Yes No
10. Are you participating in or about to enter any drug replacement program?

Yes No
11. If “Yes” to the question above, please select all applicable drug replacement programs.

<input type="radio"/> Vivitrol and ReVia	<input type="radio"/> Narcan	<input type="radio"/> Subutex
<input type="radio"/> Campral	<input type="radio"/> Baclofen	<input type="radio"/> Methadone
<input type="radio"/> Suboxone	<input type="radio"/> Antabuse	<input type="radio"/> Topamax
<input type="radio"/> Sublocade	<input type="radio"/> Other _____	

Communicable Diseases

1. Are you at risk for exposure to any communicable diseases, or have you been in contact with someone who has? (Required) Yes No
2. Are you experiencing shortness of breath, coughing, fever, or other symptoms of Coronavirus and/or flu? (Required) Yes No

3. Are you at risk for exposure to Coronavirus? (Required) Yes No
4. Have you traveled outside of the country in the last 30 days? (Required) Yes No

Mental Health

1. Do you have any mental health issues or diagnosis? (Required) Yes No
2. Do you have a history of self-harm? (Required) Yes No
3. Have you ever experienced any suicidal ideations, attempts, or received in-patient treatment for self-harming behaviors? (Required) Yes No
4. Do you have a need for mental health services? (Required) Yes No
5. Have you ever been involved in prostitution? (Required) Yes No

Assistance and Help

1. Do you have a learning disability or difficulty reading? Yes No
2. Do you have any immediate needs such as clothing or toiletries? Yes No
3. Do you need assistance with any self-help, support group and/or networks within the local community? Yes No
4. Do you need assistance with a POA, will, obtaining insurance, unpaid bills? Yes No
5. Do you need help to renew any forms of identification? Yes No
6. Do you need assistance with any food programs? Yes No

Courts and Criminal Justice

1. Are you currently involved in any legal proceedings/criminal justice issues? (Required) Yes No
2. Do you have a requirement for Community Service? (Required) Yes No
3. Do you have any court ordered treatment requirements? (Required) Yes No
4. Have you ever been charged or convicted of any violent crimes in any jurisdiction? (Required) Yes No
5. Have you ever been charged or convicted of abuse or neglect of any person, including but not limited to disabled person, senior, or child? (Required) Yes No
6. Have you ever been charged or convicted of cruelty to animals? (Required) Yes No
7. Select all legal requirements that apply: (Required)

<input type="radio"/> House Arrest	<input type="radio"/> Probation	<input type="radio"/> Parole
<input type="radio"/> Drug Court	<input type="radio"/> Other _____	<input type="radio"/> None applicable
8. Are you a registered sex offender? (Required) Yes No

9. Are you required to register with any other authority for any other reason? (Required)
Yes No

Employment

1. Are you willing to work 40 hours a week of gainful employment? Yes No
2. Are you currently employed? Yes No

Admissions and Client Statement

1. When would you like to move in? (Required) (MM)-(DD)-(YYYY)
2. Have you previously applied to Recovery Houses of Rochester Inc.?
3. How long would you hope to stay at Recovery Houses of Rochester Inc.?
30 days 60 days 90 days 6 months 1 year
4. Are there any issues that could prevent you from completing the program? Yes No

Client Statement

1. Why do you want to live in a sober house? (Required)

2. How did you hear about our program? (Required)

3. Were you referred to Recovery Houses of Rochester Inc.? Yes No
4. What other information should we consider when reviewing your application? (Required)

Personal Finance

1. Are you on disability? Yes No
2. Do you receive any ongoing financial reimbursement for any reason? Yes No
3. Weekly expenses (Food, Car payments, Child support, Etc.)

Sensitive Information

Social Security Number (SSN):