

# Legacy Sober Living Homes

Application for Residence

Name \_\_\_\_\_ Move-in Date \_\_\_\_\_

Street Address \_\_\_\_\_

Apt#/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Gender: male \_\_\_\_\_ female \_\_\_\_\_ other \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

House Assignment \_\_\_\_\_ Sobriety Date \_\_\_\_\_ Program \_\_\_\_\_

Working \_\_\_\_\_

Willing to attend Support meetings? \_\_\_\_\_ Willing to get Sponsor? \_\_\_\_\_

How many attempts have you made to get clean in the past? \_\_\_\_\_ Most clean time attained \_\_\_\_\_

Have you ever been incarcerated? \_\_\_\_\_ Duration \_\_\_\_\_ Release date \_\_\_\_\_

DOC# \_\_\_\_\_ State \_\_\_\_\_ Registered Sex Offender in any State Yes No (circle one)

Charges \_\_\_\_\_ Currently on probation/parole? \_\_\_\_\_

Date of completion \_\_\_\_\_ Probation Officer Name \_\_\_\_\_

Are you currently on any medications? \_\_\_\_\_ Prescribed by a licensed professional? \_\_\_\_\_

List all medications (Name of medication, dosage, and frequency of dosage)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

Why are you seeking housing at this time?

List names and dates of any treatment programs, shelters, recovery and halfway houses, previously attended

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone# \_\_\_\_\_  
Company \_\_\_\_\_

MILITARY SERVICE

Branch \_\_\_\_\_ From \_\_\_\_\_  
To \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_ Type of  
Discharge \_\_\_\_\_

SUBSTANCE HISTORY

Drug of Choice \_\_\_\_\_ Duration of Use \_\_\_\_\_

## DISCLAIMER AND SIGNATURE

All applications will require payment of a \$50 non-refundable application fee – in the event an applicant is accepted and moves into a Legacy house, the application fee and costs for drug testing will be deducted from the first week of fees. Upon move-in, residents pay their last week of fees (\$140) plus \$20 per night until the next Sunday minus the \$50 application fee and any costs of drug testing at an independent lab.

I understand my responsibilities as a house member:

1. To actively participate in the development of a recovery plan, mutually designed by myself and SVVOR Coaches (including but not limited to attendance at 12 step/support meetings daily for the first 30 days, and actively working a recovery plan, keeping any appointments as they apply to the plan, and to inform house leadership as soon as possible when appointments cannot be met).
2. To follow House Rules and Expectations
3. To attend MANDATORY house meetings on Sundays at 6PM. If I cannot make a house meeting or will be late, I will notify house leadership immediately. Being excused from a house meeting will be at the discretion of house leadership.
4. To be responsible for all debts accrued (House fees \$140 per week; Weekly Floor Bill \$10)

I agree that house dues paid to Legacy Sober Living Homes will be paid on Sundays by 6pm in-advance. I also agree that whatever money I have paid for service to Legacy Sober Living Homes will be **Non-Refundable** due to relapse or if asked to leave by house leadership for behavioral reasons or for violation of House Rules and Expectations (See pages 5 -7). A refund may be given only if more than 1 week was paid. **No other refunds will be made.**

- Legacy Sober Living Homes reserves the right to move or dispose of any and all Residents' personal items and belongings to storage at any time if said Resident is no longer a resident at Legacy Sober Living Homes for any reason.
- Legacy Sober Living Homes reserves the right to decline or refuse services to any person at any time for any reason.
- The undersigned gives permission to staff of Legacy Sober Living Homes and Sauk Valley Voices of Recovery to conduct nationwide background checks for credit issues, legal and sex

offender status upon application for admission and periodically during the resident's stay. Evidence of violent crime or sex offender status will disqualify the resident from continued presence in the home.

I certify that my answers are true and complete to the best of my knowledge

By signing below, I am confirming that I have read and understand the above policy. I willingly consent to the disclosed policies and procedures listed in regards to services rendered by Legacy Sober Living Homes.

Printed Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed House Manager Name \_\_\_\_\_

House Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

