



SOLUTIONS RECOVERY

SUPPORT • GROWTH • ACTION

Solutions House Sober Living Application

c/o Solutions Recovery, Inc. 621 Evans Street, Oshkosh, WI 54901
Email completed application to: admissions@solutionsrecovery.org

Date _____

Applicant Information -

First Name _____ M.I. _____ Last Name _____

Current Address _____

City _____ State _____ Zip _____ DOB _____

Phone _____ Alt. Phone _____

Email Address _____

Have you received services from Solutions before? Yes No

If yes, please list date(s) _____

When would you like to begin sober living? Immediately Date: _____

Emergency Contact –

Name _____ Relationship _____ Phone _____

How did you hear about Solutions? _____

Demographics –

Race:

- African American
- Asian
- Bi-Racial
- Caucasian
- Hawaiian or Pacific Islander
- Multi-Racial
- Native American
- Other: _____

Gender:

- Female Male Transgender (F M)
- Non-Binary Other: _____

Housing Status:

- Renter Homeowner Unhoused
- Other: _____

Employment Status:

- Full-time Part-time unemployed
- Student Disabled Other: _____

Est. Annual Income: _____



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Treatment –

Are you currently in treatment? Inpatient Outpatient No

If yes, please list treatment facility _____

Anticipated discharge date _____

Counselor's Name _____ Phone Number _____

Are you a Drug Court participant? Yes No

If yes, what county? _____

Drug Court Case Manager Name _____ Phone _____

Are you on a settlement agreement or commitment? Yes No

Case Work Name _____ Phone _____

Legal –

Are you currently on probation? Yes No

Probation Agent Name _____ Phone _____

Length of time remaining _____

Have you ever been incarcerated? Yes No

If yes, please list all dates/locations

Do you have any pending legal charges? Yes No

If yes, please list all pending charges



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Do you have any felony and/or misdemeanor convictions? Yes No

If yes, please list all convictions

Have you ever been convicted of sex offense? Yes No

If yes, please list specific offenses

History-

Do you have any children? Yes No

Have you ever had a non-fatal overdose? Yes No

Does Addiction/Alcoholism run in your family? Yes No Unsure

How many treatments have you been to? 1-3 3-6 6-8 8-10 10+

Medical -

Have you ever been diagnosed with a mental illness? Yes No

If yes, please list

Please list any current medications



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Do you have any medical conditions? Yes No
If yes, please list

Recovery -

Sobriety Date: _____
Drug(s) of choice:

12-step Program Affiliation

- Alcoholics Anonymous
- Drug Addicts Anonymous
- Heroin Anonymous
- Narcotics Anonymous
- Other: _____

Do you have a sponsor? Yes No
If yes, please list name: _____

Ability to Pay -

Are you currently employed? Yes No

Employer _____ Phone _____

Rate of pay _____ Hours / Week _____

If you are not employed, how do you plan to pay for intake fees and program fees (\$550)?



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Who can we contact if your property needs to be picked up? (after discharge)

(this person will have 72 hours, after being notified, to collect your property)

Name _____ Relationship _____ Phone _____

By signing below, I understand and agree to meet the following expectations, if accepted for residency into Solutions Sober Living Program.

- I agree to remain clean and sober at all times. _____ (initial)
- I agree to pay my program fees in advance. _____ (initial)
- I agree to keep Solutions Sober Living residences free from alcohol and drugs at all times. _____ (initial)
- I agree to enter a resident behavioral contract (following all rules for structure and accountability) and abide by the terms set forth. _____ (initial)

I certify that ALL information I have provided Solutions Recovery, Inc. is true and accurate to the best of my knowledge. I have read all material on this application form including the limitations above. I have answered each question honestly and want to achieve long-term sobriety from alcoholism/drug addiction. If and when I am accepted and take residency, I agree to hold harmless Solutions House and Solutions Recovery Incorporated, the property owners, and all services providers.

Signature

Date