

Twilight Drive Recovery House

## Residence Application Form

**\*\*Please read disclosure statement at end of form before completion\*\***

Application Date: \_\_\_\_\_

How did you hear about this Recovery Residence? \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_

M/F: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Are you presently homeless or at-risk of homelessness? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, check reason for homelessness:

\_\_\_\_\_ Eviction \_\_\_\_\_ Overcrowded \_\_\_\_\_ Affordability

\_\_\_\_\_ Behind in Rent \_\_\_\_\_ Shelter \_\_\_\_\_ Domestic Violence

\_\_\_\_\_ Other: \_\_\_\_\_

Are you currently (check all that apply):

\_\_\_\_\_ Exiting Incarceration \_\_\_\_\_ Being Discharged from a Hospital

\_\_\_\_\_ Leaving a Residential Treatment Program

\_\_\_\_\_ Receiving Medication Assisted Treatment Services

\_\_\_\_\_ Other (please describe): \_\_\_\_\_

Describe Current Living Situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain Reasons for Seeking a Recovery Residence Living Environment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Check the categories that best describe your Race and Ethnicity:**

African American     Asian/Pacific Islander     American Indian/Alaskan Native     White  
 Hispanic     Non-Hispanic     Other (please describe): \_\_\_\_\_

**Marital Status:**  Single     Married     Partner Family     Divorced/Widowed     Separated

**Children**

Name	M/F	Age
1. _____		
2. _____		
3. _____		

Do you have visitation with your children?    YES \_\_\_\_\_    NO \_\_\_\_\_

Are you working toward reunification with your children?    YES \_\_\_\_\_    NO \_\_\_\_\_

If YES, explain visitation schedule and any requirements for supervised visitation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Check ALL Categories That Apply to You:**

Are you a veteran?    YES \_\_\_\_\_    NO \_\_\_\_\_

Do you own a car?    YES \_\_\_\_\_    NO \_\_\_\_\_

**Mark All Benefits Received or Applied For:**

Food Stamps     Medicaid     Medicare  
 Health Insurance     Housing Voucher     VA Medical Benefits  
 Other (please specify): \_\_\_\_\_

Describe amount and type of benefit: \_\_\_\_\_

Do you have someone who manages your finances?    YES \_\_\_\_\_    NO \_\_\_\_\_

If YES, Who (Name): \_\_\_\_\_

**Legal Guardianship**

Do you have a legal guardian?    YES \_\_\_\_\_    NO \_\_\_\_\_

If YES, Name of Guardian/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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**Monthly Income**

<u>Source</u>	<u>Amount</u>
Alimony	_____
Child Support	_____
Employment	_____
Retirement/Pension	_____
School Loan	_____
SSI/SSDI	_____
Welfare/ADC/TANF	_____
Veteran's Administration	_____
Any Other Income	_____
<b>Total Income</b>	_____

**Applicant's Employment Status (check all that apply):**

<u>Employment Status</u>	<u>For How Long?</u>
_____ Permanent full time	_____
_____ Permanent part time	_____
_____ Temporary full time	_____
_____ Temporary part time	_____
_____ Enrolled in college	_____
_____ Enrolled in a training program	_____
_____ Not employed	_____

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Legal Issues (Legal Issues Do Not Necessarily Prohibit Residence; Public Record will be checked)**

Do you have legal charges pending or a conviction? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what is the charge? \_\_\_\_\_

Which Court is hearing the case? \_\_\_\_\_

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**List Type and Location of all Juvenile Offenses:**

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**List Type and Location of all Adult Offenses:**

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Are you currently on probation? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what charge? \_\_\_\_\_

What State and County? \_\_\_\_\_

Name of Probation/Parole Officer: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Are you a registered sex offender? YES \_\_\_\_\_ NO \_\_\_\_\_

Victim of domestic violence? YES \_\_\_\_\_ NO \_\_\_\_\_

CPO or Restraining Order? YES \_\_\_\_\_ NO \_\_\_\_\_

History of violence toward self, others or property? YES \_\_\_\_\_ NO \_\_\_\_\_

Suicide thoughts or attempts? YES \_\_\_\_\_ NO \_\_\_\_\_

Acts of arson YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered YES to any of the above questions, please explain: \_\_\_\_\_

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**Medical Information**

Are you experiencing any medical problems? YES \_\_\_\_\_ NO \_\_\_\_\_

Allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

Dietary restrictions? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you use tobacco products? YES \_\_\_\_\_ NO \_\_\_\_\_

Diagnosed with a seizure disorder? YES \_\_\_\_\_ NO \_\_\_\_\_

Sleeping problems? YES \_\_\_\_\_ NO \_\_\_\_\_

Dental problems? YES \_\_\_\_\_ NO \_\_\_\_\_

Please describe any items marked YES: \_\_\_\_\_

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**Please check those issues that apply to you:**

**Mental Health Issues** YES \_\_\_\_\_ NO \_\_\_\_\_  
**Substance Abuse (alcohol, drugs)** YES \_\_\_\_\_ NO \_\_\_\_\_  
**Behavioral Issues** YES \_\_\_\_\_ NO \_\_\_\_\_  
**Physical Disability** YES \_\_\_\_\_ NO \_\_\_\_\_  
**Learning Disability** YES \_\_\_\_\_ NO \_\_\_\_\_

**Describe Your Current Psychological or Alcohol/Drug Condition. (What is your Diagnosis?):**

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**Current Treatment Providers:**

Name	Agency	Phone #
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**Medications (List all current medications prescribed, non-prescribed and over the counter):**

Medication Name	Prescribing Physician
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**List all Mental Health Hospitalizations in the past 3 years:**

Month/Year	Hospital	Reason
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**List all Hospitalizations for Addiction-Related Issues in the past 3 years:**

Month/Year	Hospital	Reason
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**List Any Other Community Agencies You Have Been Involved With:**

<u>Name of Agency/Organization/Self-Help Groups</u>	<u>Reason</u>
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**Recovery Support Goals/Needs:**

**What Are Your Substance(s) of Choice?** \_\_\_\_\_

**How Long Have You Been Clean and Sober From Using Alcohol and/or Other Drugs?**

\_\_\_\_\_

**Describe Your Current Recovery Goals:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What Do You Expect to Gain From Living At A Recovery Residence?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe What You Have Done For Your Recovery That Has Been Successful:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe What You Have Done For Your Recovery That Has NOT Been Successful:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do You Have Individuals In Your Life Open to Helping You Establish Recovery? If so, who?**

\_\_\_\_\_

\_\_\_\_\_

**Are There People In Your Life Who Might Be Unsupportive of Your Recovery Journey? If so, who?** \_\_\_\_\_

\_\_\_\_\_

**What Are The Best Ways We Could Support You To Help You Establish Long-Term Recovery?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Please Provide 3 References (Friends, Family, Sponsors, Clinicians, Etc.):**

Name	How do you know this person?	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*\*I verify that all information provided as part of this application is truthful and accurate. I also understand that failure to disclose correct information could lead to my disqualification for residency.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Authorization (Disclosure of Information Will Be Held in Strict Confidence)**

I authorize Twilight House (Volunteers of America Northern New England, Inc.) to conduct a thorough personal investigation including, but not limited to:

- Credit Reports
- Employment/Income Verification
- Reference Checks
- Current and Previous Landlords
- Law Enforcement Authorities
- Criminal Background Checks
- School Records
- Drug Screen Check

I understand that any cost associated with these investigations will be at the expense of Twilight House (Volunteers of America Northern New England, Inc.).

I hereby release these third parties from all liability for any damage whatsoever for providing information to Twilight House (Volunteers of America Northern New England, Inc.) in connection with this application. I also release Twilight House (Volunteers of America Northern New England, Inc.), its agents, employees and representatives from any liability in connection with their collection and use of information obtained from third parties during this application process.

I also understand that if I do not provide authorization to this investigation, or refuse to complete the criminal background check, or drug screen test, Twilight House (Volunteers of America Northern New England, Inc.) may not provide approval for residency. I agree to hold Twilight House (Volunteers of America Northern New England, Inc.) harmless for such refusal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*Please send completed application to [TwilightRecovery@voanne.org](mailto:TwilightRecovery@voanne.org) or fax to 207-373-1160\*\*

