

Twilight 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: _____

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: _____

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: _____

Monthly Income

Source

Amount

Alimony _____
Child Support _____
Employment _____
Retirement/Pension _____
School Loan _____
SSI/SSDI _____
Welfare/ADC/TANF _____
Veteran's Administration _____
Any Other Income _____
Total Income _____

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? _____

List Type and Location of all Juvenile Offenses:

List Type and Location of all Adult Offenses:

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: _____

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: _____

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?):

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?

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

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

**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

