

THE BARRACKS RECOVERY SOBER LIVING APPLICATION



SECTION 1 — BASIC INFORMATION

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Current Address: _____

Emergency Contact Name: _____

Relationship: _____

Phone: _____

SECTION 2 — IDENTIFICATION & LEGAL STATUS

Do you have a valid government ID?

Yes No (If no, explain): _____

Current Legal Status (check all that apply):

- Probation
- Parole
- Drug Court
- Veterans Court
- Mental Health Court
- DUI Court
- None

Probation/Parole Officer Name: _____

Phone: _____

Case Manager (if applicable): _____

Court Program: _____

Do you have any pending charges?

Yes No

If yes, explain: _____

Upcoming Court Dates: _____

SECTION 3 — SUBSTANCE USE & RECOVERY HISTORY

Primary substance(s) used: _____

Date of last use: _____

History of overdose?

Yes No

Previous treatment programs (list names):

Are you coming from detox/rehab?

Yes No

Facility Name: _____

Have you lived in sober living before?

Yes No

Where/When: _____

Do you attend recovery meetings? (check all)

AA NA Celebrate Recovery Other: _____

Do you currently have a sponsor?

Yes No

SECTION 4 — MEDICAL & MENTAL HEALTH

Current medical conditions:

Mental health diagnoses (if any):

Allergies: _____

Are you currently prescribed medications?

Yes No

If yes, list medications, dosages, and prescriber:

Do you require medication monitoring?

Yes No

History of suicide attempts or ideation?

Yes No

If yes, explain: _____

SECTION 5 – EMPLOYMENT & FINANCIAL INFORMATION

Current employment status:

- Employed Unemployed Seeking Work

Employer Name (if employed): _____

Position: _____

Work Schedule: _____

Monthly Income (if any): _____

Do you need employment assistance?

- Yes No

Are you requesting scholarship assistance?

- Yes No

SECTION 6 – HOUSING EXPECTATIONS

Are you willing to follow all house rules and program requirements?

- Yes No

Are you willing to attend required recovery meetings weekly?

- Yes No

Are you willing to submit to random drug and alcohol testing?

- Yes No

Are you willing to follow curfew, complete chores, and participate in peer support?

- Yes No

SECTION 7 – BACKGROUND SCREENING

Have you ever been convicted of a violent crime?

- Yes No

If yes, explain: _____

Are you a registered sex offender?

- Yes No

(Note: The Barracks cannot accept sex offenders due to housing restrictions.)

Any history of arson?

- Yes No

SECTION 8 — SUPPORT & MOTIVATION

Why do you want to live in sober living?

What are your goals for your first 30 days?

What are your goals for the next 6 months?

What support do you feel you need from us?

SECTION 9 – RESIDENT ACKNOWLEDGMENT

I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that giving false or misleading information may result in denial of admission or immediate discharge from The Barracks Recovery.

Resident Signature: _____

Date: _____

Staff Signature : _____

Date: _____

SECTION 10 – SUBMISSION INSTRUCTIONS

Please submit your completed application and required forms electronically to:

Email: **services@thebarracksrecovery.org**

When submitting, please include:

- Completed Sober Living Application
- Signed Drug & Alcohol Testing Consent Form
- Signed Financial Agreement
- Signed House Rules Agreement
- Signed Release of Information (ROI)
- Signed Administrative Policy
- Medication Form (if you are currently prescribed any medications)

You may also be asked to provide a copy of your photo ID and any court/program documents (if applicable).