ROOM TO GROW

Application for Residency

Thank you for your interest in Room to Grow Sober Living.

Our mission is to provide a safe, structured, recovery-oriented environment where residents can develop the life skills, accountability, and support necessary to achieve lasting recovery and independent living.

Completion of this application does not guarantee admission. Applications are reviewed individually based on program fit, recovery readiness, safety, honesty during the application process, and bed availability.

Additional interviews, documentation, or assessments may be requested before an admission decision is made.

Program Applying For

☐ Women's Recovery Home	☐ Men's Recovery Home
Requested Move-in Date	_____
Referral Source	_____

APPLICANT INFORMATION

Full Legal Name

Preferred Name

Date of Birth

Age

Social Security Number (Optional)

Phone

Email

Current Address

Other states in which you have resided

Preferred Method of Contact

☐ Phone

☐ Text

☐ Email

Best Time to Contact

Emergency Contact

Name

Relationship

Phone

Alternate Phone

May we contact this person regarding your application?

☐ Yes

☐ No

INSURANCE INFORMATION

Insurance Company

Policy Number

Medicaid Number

Primary Care Provider

Phone

Preferred Pharmacy

EMPLOYMENT INFORMATION

Current Employer

Occupation

Hours Worked Per Week

Length of Employment

Supervisor (Optional)

Employer Phone

Current Monthly Income

$_____

Other Sources of Income

☐ SSI

☐ SSDI

☐ Employment

☐ Family Support

☐ None

☐ Other

TRANSPORTATION

Primary Transportation

☐ Personal Vehicle

☐ Bicycle

☐ Walking

☐ Public Transportation

☐ Friends/Family

☐ None

Driver's License Number

State

License Status

☐ Valid

☐ Suspended

☐ Revoked

Vehicle Make/Model

License Plate

CURRENT LIVING SITUATION

Current Residence

☐ Own Home

☐ Family

☐ Friend

☐ Shelter

☐ Treatment

☐ Sober Living

☐ Homeless

☐ Motel

☐ Other

Length of Stay

Reason for Leaving

SECTION 2

MEDICAL & MENTAL HEALTH INFORMATION

This information helps Room to Grow provide appropriate support and coordinate care when needed.

Medical Conditions

Do you currently have any medical conditions?

☐ No

☐ Yes

If yes, please explain.

Allergies

☐ No Known Allergies

☐ Food

☐ Medication

☐ Environmental

Please list:

Current Medications

Medication /Dose / Purpose

Medication Management

Who manages your medications?

☐ Self

☐ Treatment Provider

☐ Family

☐ Case Manager

☐ Other

Mental Health

Have you ever been diagnosed with a mental health condition?

☐ No

☐ Yes

☐ Prefer Not to Answer

If yes, please list any diagnoses you are comfortable sharing.

Current Mental Health Providers

Therapist

Agency

Phone

Psychiatrist or Medication Provider

Agency

Phone

Case Manager (if applicable)

Agency

Phone

Recovery Supports

Are you currently participating in:

Intensive Outpatient (IOP)
☐ Yes ☐ No

Individual Therapy
☐ Yes ☐ No

Peer Support
☐ Yes ☐ No

Recovery Meetings
☐ Yes ☐ No

MAT Services
☐ Yes ☐ No

Other

Special Accommodations

Do you require any accommodation because of a medical condition, disability, or mobility concern?

☐ No
☐ Yes

Please explain.

Emergency Medical Information

Do you have any medical condition staff should be aware of during an emergency?

☐ No
☐ Yes

Please explain.

RECOVERY HISTORY

Date of Last Alcohol or Drug Use

Primary Substance(s) Used

☐ Alcohol
☐ Methamphetamine
☐ Heroin
☐ Fentanyl
☐ Prescription Opioids
☐ Cocaine
☐ Crack Cocaine
☐ Marijuana
☐ Benzodiazepines
☐ Hallucinogens
☐ Other

Secondary Substance(s)

Age When Substance Use Began

Longest Continuous Period of Sobriety

What contributed to your success during that period?

What has helped you maintain recovery in the past?

_____

_____

What are your biggest relapse triggers?

_____

_____

TREATMENT HISTORY

Please list any substance use or mental health treatment you have attended.

Facility	Level of Care	Dates	Completed?
_____	Detox ☐ Residential ☐ IOP ☐ OP ☐		Yes ☐ No ☐
_____	Detox ☐ Residential ☐ IOP ☐ OP ☐		Yes ☐ No ☐
_____	Detox ☐ Residential ☐ IOP ☐ OP ☐		Yes ☐ No ☐

Have you previously lived in sober living?

☐ Yes
☐ No

If yes, where?

_____

How long?

_____

Reason for leaving?

_____

_____

_____

If yes, where?

_____

How long?

_____

Reason for leaving?

_____

RECOVERY SUPPORTS

Which supports are currently part of your recovery?
☐ Sponsor
☐ Recovery Coach
☐ Peer Support
☐ Therapist
☐ Case Manager
☐ Family Support
☐ Faith Community
☐ AA
☐ NA
☐ SMART Recovery
☐ Celebrate Recovery
☐ Dharma Recovery
☐ Other

What recovery activities help you the most?

RELAPSE PREVENTION

What situations, emotions, or environments increase your risk of relapse?

What coping skills help you remain sober?

Who do you call when you're struggling?

MOTIVATION FOR SOBER LIVING

Why are you seeking sober living at this time?

What are your biggest goals while living at Room to Grow?

How do you believe Room to Grow can help you?

RECOVERY READINESS

Please circle the response that best describes you.

Statement (1-strongly disagree 5-strongly agree)	**1**	**2**	**3**	**4**	**5**
I am committed to remaining substance free.	☐	☐	☐	☐	☐
I am willing to accept feedback from staff and peers.	☐	☐	☐	☐	☐
I can live respectfully with roommates.	☐	☐	☐	☐	☐
I understand recovery requires personal responsibility.	☐	☐	☐	☐	☐
I am willing to participate in house activities.	☐	☐	☐	☐	☐
I am willing to follow house expectations.	☐	☐	☐	☐	☐
I am willing to work with my treatment team.	☐	☐	☐	☐	☐
I am willing to ask for help before a relapse occurs.	☐	☐	☐	☐	☐

PERSONAL STRENGTHS

What personal strengths will help you succeed in recovery?

☐ Honest
☐ Hardworking
☐ Responsible
☐ Dependable
☐ Good Communicator
☐ Organized
☐ Compassionate
☐ Motivated
☐ Creative
☐ Spiritual
☐ Resilient
☐ Helpful
☐ Positive Attitude
☐ Other

What hobbies or interests would you like to continue while living here?

What is one thing you are proud of accomplishing?

PERSONAL REFLECTION

Finish these statements.

The biggest reason I want recovery is:

The biggest obstacle I expect to face is:

The person I hope to become is:

One thing I want the Room to Grow staff to know about me is:

ROOM TO GROW SOBER LIVING

CONSENTS AND AUTHORIZATIONS

Please read each section carefully. Your initials indicate you have read and understand each section. Your signature at the end indicates your agreement with all applicable authorizations.

1. Authorization to Obtain Information

Applicant Initials: _____

I authorize Room to Grow Sober Living and its representatives to communicate with individuals, agencies, organizations, and service providers as reasonably necessary to evaluate my eligibility for admission, verify information I have provided, coordinate services, and support my residency if accepted.

This authorization includes, but is not limited to, communication with:

- Current and former treatment providers
- Detoxification facilities
- Residential treatment programs
- Intensive outpatient and outpatient providers
- Mental health providers
- Medical providers
- Hospitals
- Peer recovery specialists
- Case managers
- Probation officers
- Parole officers
- Community corrections staff
- Drug Court or specialty court personnel
- Attorneys, when appropriate
- Referral sources
- Current or previous sober living providers
- Employers (when relevant)
- Family members
- Emergency contacts
- Friends or other support persons identified by me
- Any other individual or agency reasonably necessary to verify information related to my application or residency.

I understand these communications may include discussion of my participation in treatment, recovery progress, housing history, behavioral concerns, legal obligations, compliance with program expectations, safety concerns, and other information relevant to determining whether Room to Grow Sober Living is an appropriate placement.

2. Consent to Criminal Background and Public Records Review

Applicant Initials: _____

I authorize Room to Grow Sober Living to conduct reasonable background inquiries as part of determining my eligibility for admission.

This may include reviewing publicly available records or obtaining legally permissible information concerning:

- Criminal convictions
- Pending criminal charges
- Outstanding warrants
- Protection or restraining orders when relevant to resident safety
- Sex offender registry status
- Violent offenses
- Crimes involving children or vulnerable adults
- Arson
- Sexual offenses
- Domestic violence offenses
- Other criminal history that may affect the safety and well-being of residents, staff, volunteers, or the sober living community.

I understand that the existence of certain criminal histories, active warrants, pending legal matters, or significant safety concerns may affect my eligibility for admission.

3. Consent to Drug and Alcohol Testing

Applicant Initials: _____

I understand that maintaining a substance-free living environment is essential to the mission of Room to Grow Sober Living.

I agree to submit to drug and/or alcohol testing as required by program policies, including but not limited to:

- Admission screening
- Random testing
- Reasonable suspicion testing
- Return from overnight passes or approved absences
- Following safety incidents
- Whenever otherwise required by program policy.

Refusal to test may be treated in accordance with Room to Grow policies.

4. Consent to Property Inspection

Applicant Initials: _____

To maintain a safe and substance-free recovery environment, I understand that Room to Grow Sober Living may inspect my assigned room, belongings, lockers, bags, or other property located on program premises when permitted by program policy.

Whenever practical, inspections will be conducted in my presence. Refusal to cooperate may affect my eligibility for admission or continued residency.

5. Video Surveillance Acknowledgment

Applicant Initials: _____

I understand that common areas of the property may be monitored by video surveillance to promote resident safety and protect program property.

I understand there is no expectation of privacy in common areas where cameras are installed.

No cameras are located inside bathrooms, showers, or bedrooms.

6. Emergency Medical Authorization

Applicant Initials: _____

If I experience a medical emergency and cannot make decisions for myself, I authorize Room to Grow staff to contact emergency medical services and provide responders with information reasonably necessary to obtain emergency treatment.

I understand I remain financially responsible for any medical services I receive.

7. Release of Emergency Contact Information

Applicant Initials: _____

If Room to Grow staff believe there is a medical emergency, significant safety concern, extended absence, or other serious circumstance affecting my health or safety, I authorize staff to contact the emergency contact(s) I have provided.

8. Certification

I certify that all information provided during the application process is true and complete to the best of my knowledge.

I understand that providing false, misleading, or incomplete information may result in denial of admission or discharge from Room to Grow Sober Living.

I understand that these authorizations are voluntary; however, failure to authorize information necessary to determine eligibility may affect my admission into the program.

I acknowledge that I have had the opportunity to ask questions regarding these authorizations before signing.

Applicant

Printed Name: _____

Signature: _____

Date: _____

Room to Grow Representative

Printed Name: _____

Signature: _____

Date: _____

- Staff Use Only: ☐ ID ☐ Insurance ☐ Interview ☐ Drug Screen ☐ Background Check
- ☐ Approved ☐ Wait List ☐ Declined

Date Received: _____ Interview: _____

References Contacted: ☐ Yes ☐ No

Reviewer Notes:

Overall Recommendation Score (1-5): Recovery __ Accountability __ Community Living __ Financial __ Overall Fit __