

Application for Residency



Applicant's First and last name		Date of birth
		Social Security Number
Permanent address		Phone number
		e-mail
Are you an alcoholic?	Date of last drink?	List of drugs you used addictively
Are you addicted to drugs?	Date of last drug use?	
When did you attend your first AA or NA meeting?		How many AA/NA meetings do you now attend each week?
Are you employed? If so, who is your employer?		What is your current monthly income?
Places(s) of resident during the past 2 years		Do you have medical insurance? If so, please provide name of insurer
Provide names and contact info for the first reference who can vouch for you commitment to recovery		Provide names and contact info for the second reference who can vouch for you commitment to recovery
Have you ever been to a treatment facility for alcoholism or drug addiction? If so, list the treatment provider		Do you take prescription drugs? If yes, list the drug, the dosage, and the reason the drug has been prescribed

<p>Do you currently have any physical or mental health issues (including depression, ADD and anxiety)? If so, please describe</p> <p>We reserve the right to request a mental or physical evaluation</p>	
<p>Have you ever been charged or convicted of a felony? Are you on probation, parole or have an upcoming court appearance? If so, please describe the circumstances, charges, and/or the outcome</p> 	
<p>Name of last education institution or school attended</p>	<p>Driver's license number and state of issuance</p>
	<p>Are you married? If so, name of spouse</p>
<p>Father's name, address, phone number, email address</p>	<p>Mother's name, address, phone number, email address</p>
<p>Emergency contact – name, relation, phone, e-mail</p>	<p>Back-up Emergency contact – name, relation, phone, e-mail</p>
<p>What are your short term goals?</p> 	<p>What are your long terms goals?</p>

Why do you think residing at Mike’s Place could help you?

What other information is relevant to this application?

Applicant Acknowledgement

I understand that if my application is accepted, I will comply with Mike’s Place House Rules and Policies statement (which I have been given the opportunity to read). I understand that these Rules and Policies may change from time to time at the discretion of Mike’s Place. I further understand that my residency with Mike’s Place is temporary and transitional. I acknowledge that, as a resident at Mike’s Place, I am a licensee and not a tenant, and that I have no tenancy rights or interests. As such, I agree that I can be discharged from the premises immediately should it be determined by the Group Manager or a Director (at their sole discretion) to be in the best interest of the house and/or other house members. Should I refuse to leave the premises immediately upon discharge, I acknowledge that I will be considered to be a trespasser and that the local police department will be called to escort me off the property. If the house on Spring Avenue being used for MP is sold or if the lease for the house is terminated, any residency rights are automatically terminated. I grant the right to MP to use photographs, video or other media of me (including my name) to post on social media, their website, marketing material, or for any other lawful purpose. I grant MP the right to speak to other persons or organizations to help my recovery. I release MP from any and all liabilities associated with my residence at MP. I have answered each question honestly, and I want to achieve recovery from alcoholism and/or drug addiction without relapse.

Applicant’s Signature

Date