

Application for Residence – Common Ground Sober House

A sober living community

Anyone applying to live in the house must read the resident handbook and submit this completed application prior to interviewing and must be clean and sober at least 30 days.

PERSONAL INFORMATION					
What location are you applying for? <input type="checkbox"/> Rochester <input type="checkbox"/> Red Wing <input type="checkbox"/> Winona			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Print Your Full Name			Date of Birth		Age
When would you like to move in?					
Phone		Email			
Marital Status		Current Living Situation			
Current Address			City		State
Zip		Year/Make/Model		License Plate #	
Own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		State		Driver License #	
Valid Driver License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Insurance Policy #			
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, what is the custody agreement?					
RECOVERY INFORMATION					
Have you ever been addicted to alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been addicted to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Last Use	
Drug(s) of Choice		Name & Location of Facility			
Currently/recently in treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Discharge Date			
Did you complete successfully? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Counselor			
How do you plan to stay clean and sober?					
Who referred you to Common Ground Sober House?					

Do you attend 12-step meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how often?	Do you have a sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you lived in a Sober House before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Location of House	When/How long?
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Why did you leave there?

Why do you want to live at the Common Ground Sober House?

EMPLOYMENT INFORMATION

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name & Location of Employer	Job Title	How long employed?
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If No, How long since last employed?	Are you willing/able to get a job within 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing/able to be self-supporting? <input type="checkbox"/> Yes <input type="checkbox"/> No
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LEGAL INFORMATION

List Pending Charges/Cases/Warrants

Currently on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Office
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Name of Officer	Contact Phone	Are you a registered sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No
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List Felony Convictions

MEDICAL INFORMATION

List All Medical/ Psychiatric Conditions	List All Current Medications
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Describe Any Injuries/Disabilities

Describe Physical Limitations Resulting from Disabilities

Name of Physician

Are you receiving Suboxone, Subutex, Methadone, Vivitrol, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No	Physician Prescribing
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EMERGENCY CONTACT

Name	Relationship	Phone
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Street Address	City	State	Zip
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I have read and agree to the Resident Handbook and everything on this application is truthful. (signature required) _____ Date _____

Questions? Contact Common Ground at (507) 281-0023 or info@commongroundmn.org