

Breaking the Cycle

DATE: _____

APPLICATION FOR RESIDENCY

First Name / Last Name

Date of Birth

Phone Number

Email Address

Where are you currently living?

When would you like to move in? Is there a deadline?

Case Worker: Name / Position (If Applicable)

Case Worker: Phone Number (If Applicable)

MENTAL HEALTH & RECOVERY FROM SUBSTANCE USE DISORDER

Are you currently in or seeking recovery? If so, how long have you been sober? Is this your first attempt at recovery?

Substance of Choice:

Alcohol Heroin Cocaine Meth
 PCP Benzos THC Other: _____

How long did you actively use drugs? How much / frequently did you use?

Are you currently taking / interested in taking a prescribed medication to help address your addiction (Suboxone, Vivitrol etc.)?

Do you have any co-occurring disorders? If yes, what? Do you take any psychiatric medications? If yes, medications and doses:

Do you have any other medical conditions, disabilities and/or difficulties with activities of daily living? If yes, what?

LEGAL HISTORY

Do you have any felony convictions? If so, what and when? Any pending legal issue?

Have you ever been / are you currently incarcerated? If so, how long have you been incarcerated for? Are you on any Community Supervision? If so, what are the terms of it?

If you have children, is Child Protective Services involved?

LIFE AT BREAKING THE CYCLE

How will you occupy your time at Breaking the Cycle?

- Work 40 hours per week or more
- Will not work, but will enroll in school and/or volunteer substantially
- Work between 20 and 40 hours per week
- None of the above
- Work less than 20 hours per week

What kind of work or trade are you interested in doing? Do you have experience in this profession?

Are you willing to attend 3 “pro-social” activities a week, such as AA, NA, Celebrate Recovery, counseling, church, volunteering etc.?

- Yes
- No

What sorts of activities do you do to feel happy, stay sober and participate in your community in a positive way?

Where would you like to live after your time at Breaking the Cycle? Have you lived there before? If you have children, how do you see them transitioning into your life?

CLOSING

What are some dates and times that work for us to call you on the number you provided at the top?

Two references and / or emergency contacts? Please provide name, phone number and relationship:

How did you hear about us? Be as detailed as possible (name, location, etc.):

Do you have the full \$300 to move in?

This will cover a non-refundable \$150 deposit and your first full week in the house. After that, every week is just \$150. Special payment plans may be available.

By signing my name here, I affirm that all the facts above are accurate.

Signature Date

Submit to:
Heidi Wheaton
Executive Director
207-254-9653
heidijwheaton@yahoo.com