

Prospective Residents

ADMISSION POLICY

OUR House does not discriminate based on race, color, national origin, religion, disability, or age in the delivery of services.

Upon first contact with O.U.R. House staff, whether by phone or in person, staff will screen the potential resident to determine their appropriateness for residency. If the potential resident is identified as an unlikely candidate for admission, suitable referrals may be provided.

Admission Criteria may include, but is not limited to:

1. Female, age 18 years of age or older
2. Be willing and capable of contributing \$300.00 per month for the program fee. This will be due at the time of admission and each month of residency.
3. Maintained abstinence of alcohol and other illicit drugs for a minimum of 14 days (no acute medical withdraw symptoms)
4. Have a primary diagnosis of a substance use disorder.
5. Have adequate control over their behavior and assessed not to be imminently dangerous to self or others.
6. Express a desire to recover from an active substance use disorder.
7. Have a desire to recover using the 12-step program.
8. Sign releases of information for medical, legal, and mental health histories.
9. Pass a drug and alcohol test upon admission and agree to random drug screen testing.
10. Have an ability to use the program as a transition to independent living.
11. Be assessed as medically appropriate and free of any long-term illness that requires isolation from others.
12. Have the capacity for active participation in all OUR House activities and responsibilities.
13. Be able to meet personal needs without assistance.
14. Willing to work full time, be enrolled in school full-time, or a combination of both. If receiving disability income, resident must be willing to engage in volunteer work.
15. Commit to total abstinence from alcohol and other illicit drugs.
16. Respect the rights, views, and property of other residents and get along with others.

Exclusion Criteria

- Have a clinical diagnosis that meets the criteria for a higher level of care (e.g., acutely psychotic or a danger to self or others)
- Have severe permanent cognitive impairment that would prevent the applicant from participating in scheduled peer-led, peer-driven, social model house activities.
- Have ongoing medical conditions, which require a higher level of monitoring and care than can be provided by OUR House.
- Due to our location, we will not accept persons with certain criminal convictions (such as sex offenses, child abuse, violent crimes).
- OUR House is not equipped to support potential residents on controlled substances. (Prescribed or not, including Suboxone, Subutex, Methadone and Benzodiazepines) All residents must have a negative drug screen result upon entry and during random screening.

Application for OUR House Residency updated 7/4/2023

1. Print Name (Last, First, Middle) _____		3. Date of Birth <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> </table>			Month	Day	Year
Month	Day	Year					
2. Resident Home Address (where you are from when not incarcerated or in rehab) _____ Check if treatment facility or incarcerated <input type="checkbox"/> Where? _____ Expected discharge date: _____		4. Phone Where You Can Be Reached () Alternate Phone () Counselor's Name: (or person that can get you for a call) _____					
City _____	State / County _____	Zip _____	EMAIL ADDRESS: _____				
5. Are you an Alcoholic? Yes No 6. Date of Your Last Drink? _____		9. List drugs you used addictively: _____ _____ _____					
7. Are you addicted to drugs? Yes No 8. Date of last drug use? _____							
10. When did you attend your first AA or NA meeting? _____		11. How many AA/NA meeting do you now attend each week? _____					
12. Do you want to stop drinking alcohol and using addictive drugs? Yes No		13. Are you employed? Yes No If "yes" who is your employer? _____					
14. Do you receive non-job-related income? (Disability, DHHR, etc.) Yes No If "yes" what? _____		15. If you do not have a job are you able you get one? Yes No If "yes," what job plans do you have? _____					
16. Do you have an income? YES NO Monthly \$ _____		17. Can you pay the required program fee of \$300.00 upon admission? YES NO					
18. Marital status [Check One] <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		19. Children? Names / ages - Who has custody? _____					
20. Have you ever been to a treatment facility for alcoholism and/or drug addiction? Yes No If "yes" list the treatment provider, phone number and primary counselor, if any. _____		21. Are you willing to work with our Recovery Coach? Yes No Are you willing to participate in one-on-one therapy for a minimum of 4 weeks? Yes No					
22. EMERGENCY CONTACT: _____ TELEPHONE: () - _____ RELATIONSHIP: _____		23. DRIVER'S LICENSE OR ID NUMBER: _____ STATE: __WV__ VALID LICENSE: <input type="checkbox"/> YES <input type="checkbox"/> NO VEHICLE? MAKE AND MODEL: _____					
If you are incarcerated or in a treatment facility, please provide: Counselor or person in charge name and phone #: _____		TAG NUMBER: _____ INSURANCE POLICY HOLDER: _____ POLICY NUMBER: _____					

24. EDUCATIONAL INFORMATION

HIGH SCHOOL GRADUATE OR GED? YES NO HIGHEST GRADE COMPLETED _____
TECHNICAL/TRADE SCHOOL? NO YES > PROGRAM OF STUDY _____
COLLEGE GRADUATE? YES NO # YEARS COMPLETED _____

25. FAMILY INFORMATION

MARRIED/COHABITANT DIVORCED/SEPARATED SINGLE/NEVER MARRIED

SPOUSE/SIGNIFICANT OTHER'S NAME _____

DO YOU HAVE CHILDREN? YES NO HOW MANY: _____ NAMES: _____

FATHERS NAME: _____ TELEPHONE: (_____) _____ - _____

26. HISTORY OF ABUSE (/PHYSICAL/EMOTIONAL)? YES NO

DESCRIBE _____

27. LEGAL INFORMATION

PROBATION/PAROLE OFFICER: _____ TELEPHONE: (_____) _____ - _____

CONVICTED OF A VIOLENT FELONY? YES NO

COMMITTED/BEEN CHARGED WITH CHILD ABUSE, NEGLECT OR ENDAGERMENT YES NO

COMMITTED/BEEN CHARGED WITH A SEXUAL OFFENSE? YES NO

DO YOU HAVE ANY OUTSTANDING OFFENSES? YES NO

LIST ALL CURRENT/PENDING CHARGES AND PAST CONVICTIONS INCLUDING SEXUAL OFFENDER'S ACT: _____

28. FINANCIAL INFORMATION

ARE YOU ABLE & WILLING TO WORK TO PAY FOR THE PROGRAM RESIDENCY FEES? YES NO

PHYSICAL CONDITIONS OR DISABILITY THAT LIMITS YOUR ABILITY TO WORK: _____

ARE YOU CURRENTLY EMPLOYED? YES NO JOB SKILLS/TRADE: _____

EMPLOYER: _____ TELEPHONE: (_____) _____ - _____

HOW LONG EMPLOYED: _____ SALARY: \$ _____ PER _____

OTHER INCOME (EXPLAIN): _____

MONTHLY EXPENSES: _____

ARE YOU COURT ORDERED TO PAY CHILD SUPPORT? YES NO AMOUNT \$ _____

ARE YOU BEHIND ON CHILD SUPPORT PAYMENTS? YES NO

DO YOU PAY FEES/RESTITUTION? YES x NO AMOUNT AND FREQUENCY _____

29. Requested date of move in: _____ (THIS APPLICATION WILL BE DESTROYED AFTER 3 MONTHS IF NOT ADMITTED TO OUR HOUSE) After 3 months, you must re-apply. List the date you would want to move in, if accepted, and why. _____
 If incarcerated when is your release date? _____ or
 Parole Hearing date: _____

30. Have you ever lived in a Recovery House before?
 Yes No If "yes," provide the name and location

31. [Answer this question if the answer to question 26 was "yes."] I left the previous Recovery House for the following reason: [check one]
 Relapse: _____ Voluntarily _____ Other reason(s) _____
 I owe money to the Recovery House I left. Yes No
 If I do owe money to the Recovery House I left, I will agree to repay the money I owe to my former Recovery House. Yes No

32. Emergency Telephone Numbers. [List family members, employers, or friends]

Name and Address	Relationship	Telephone
1-		
2-		
3-		

33. MEDICAL INFORMATION
 PRIMARY CARE PHYSICIAN: _____ TELEPHONE: (_____) _____ - _____
 DO YOU HAVE A HISTORY OF: SEIZURES YES NO IF YES, DATES _____
 DIABETES YES NO IF YES, DATES _____
 HYPERTENSION YES NO IF YES, DATES _____
 HAVE YOU TESTED POSITIVE FOR? TB? YES NO HEPATITIS? YES NO HIV/AIDS? YES NO
 ANY DIAGNOSIS OF SCHIZOPHRENIA OR OTHER PSYCHOLOGICAL DISORDER? YES NO
 HAVE YOU EVER BEEN INVOLUNTARILY COMMITTED TO INPATIENT OR OUTPATIENT CARE? YES NO
 REASON: _____
 HOSPITAL & DATES: _____
 HAVE YOU BEEN DIAGNOSED WITH A LEARNING DISABILITY? YES NO WHAT: _____
 DO YOU HAVE SUICIDAL THOUGHTS? YES NO
 HAVE YOU EVER TRIED TO COMMIT SUICIDE OR ENGAGE IN SELF HARM? YES NO
 HAVE YOU EVER BEEN A VICTIM OF A VIOLENT CRIME? YES NO if Yes, EXPLAIN _____

LIST CURRENT PRESCRIBED OR OVER THE COUNTER DRUGS AND REASON FOR TAKING (ATTACH ADDITIONAL SHEET IF NECESSARY)

DRUG NAME	DOSAGE & TIME	REASON

34. I realize that application to OUR House does not guarantee residency. I understand I will also have a telephone and /or a face-to-face interview. (THIS APPLICATION WILL BE DESTROYED AFTER 3 MONTHS IF NOT ADMITTED TO OUR HOUSE) After 3 months, you must re-apply. Calling OUR House admissions secretary weekly will assure us you are interested. Diane 304-841-8302

35. Upon admission to One Unique Recovery House, Inc. I will need to submit a negative drug screen and pay the required \$300 monthly program fee.

Please initial: _____

PRIVACY & PROTECTION OF RESIDENT INFORMATION

OUR House current resident private confidential information and data collection practices would be considered Protected Health Information (PHI) under HIPPA, therefore OUR House, Inc. follows the NARR 3.0 Standard 6 to "Protect resident information is best practice that residences be guided by HIPPA laws." OUR House, Inc. best practices include strict policies and protocols to protect confidential resident information and PHI. OUR House, Inc. utilizes, and releases limited use and de-identified data internally and externally for the purposes of operational improvement, statistics and metric tracking, resident outcomes, demographics, grant writing and fundraising, and the addiction recovery community.

I HAVE BEEN PROVIDED THE PRIVACY & PROTECTION OF RESIDENT INFORMATION AND CONSENT TO THE RELEASE OF LIMITED USE AND DE-IDENTIFIED PHI (please initial) _____

Use this space for additional relevant information:

I have read all of the material on this application. I have also answered each question honestly. I understand the program fee of \$300.00 and a negative drug screen are due at the time of admission.

SIGNATURE: _____ **DATE:** _____

Send completed application to: **Att: Linda Mealey / Diane Harris**

OUR House, Inc.

P.O. Box 1134

Buckhannon, WV 26201 or email to: ourhousewv@gmail.com

You will be contacted by our Secretary, Diane Harris, for an interview.

Her number is 304-841-8302.

FOR USE BY OUR HOUSE

ACCEPTED NOT ACCEPTED Why: _____

• MOVE IN DATE _____ • MOVE OUT DATE: _____

Reason for leaving: _____:

• OUTSTANDING DEBT TO HOUSE \$ _____ DATE REPAYED _____