

Criteria for applying

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

1. Have to be age 18 or older at the time of admission, and female for women's house, male for men's house
2. Required to be free of alcohol and drugs for a minimum of 14 days (no acute medical withdraw symptoms)
3. Required to have a primary diagnosis of alcoholism or chemical dependency
4. Have a basic have a desire to work on 12 step recovery program.
5. Agree to stay in the residence a minimum of three (3) months
6. Agree to sign releases of information for medical, legal, and mental health histories.
7. Ability to pass a drug and alcohol test and agree to random drug screen testing
8. Will be required to attend a minimum of five (5) in-person 12-step meetings weekly and obtain a sponsor within first 30 days of residency.
9. No acute medical or psychiatric problems
10. Have an ability to use the program as a transition to independent living
11. Have an ability to maintain self-care and participate in job functions for the maintenance of the facility, i.e. cooking and general cleaning
12. Be willing to work full time, enroll in school, do volunteer services or combination.
13. Be willing and able to contribute \$300 per month for the program fee.
14. Commit to total abstinence from drugs and alcohol
15. Respect the rights, views, and property of other residents and get along with others

OUR House is not capable of supporting the following medications... (prescribed or not) including Suboxone, Subutex, Methadone and Benzodiazepines. All residents must have a negative drug screen result upon entry and during random screening. Any resident requiring these medications may be referred to a higher level of care or another WVARR Certified program that is capable of supporting their level of care,

Application for OUR House Residency updated 8/1/2024

PLEASE ANSWER ALL QUESTIONS

1. Print Name (Last, First, Middle)		3. Date of Birth		
		Month	Day	Year
2. Resident Address (where you are right now)		4. Phone Where You Can Be Reached ()		
Check if treatment facility/incarcerated <input type="checkbox"/> Expected discharge date: _____		If you are incarcerated or in a treatment facility, please provide Counselor or person in charge name and phone #:		
City	State / County	Zip	EMAIL ADDRESS:	
5. Are you addicted to Alcohol? Yes No Are you addicted to drugs? Yes No		6. Date of Your Last drink or high?	8. List drugs you used addictively, including alcohol:	
7. On a scale of 0 to 10, How committed are you to your recovery? (0, not at all and 10, highly committed)				
9. Have you attended AA or NA meetings?		11. On a scale of 0 to 10, (0, not at all and 10, Very hopeful) How hopeful are you that you can change from your old way of life to a positive drug free lifestyle?		
10. Do you have a sponsor?				
12. Do you rely on substances to deal with stress, anxiety or depression? Yes No		13. On a scale of 0 to 10, ((0, not at all and 10, highly satisfied) How satisfied are you with your ability to perform your daily living activities?		
14. Do you consider yourself spiritual or religious? Can you rely on your Higher Power?		15. Is there a person or group of people you really love or who are really important to you? (Who?)		
16. Are you willing to work with our Recovery Coach? Yes No		17. Are you willing to participate in one-on-one therapy for a minimum of 4 weeks? 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. How do you think OUR House will benefit you?		

22. EMERGENCY CONTACT: _____ TELEPHONE: (_____) _____ - _____ RELATIONSHIP: _____	23. DRIVER'S LICENSE OR ID NUMBER: _____ STATE: _____ VALID LICENSE: <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE A VEHICLE? INSURANCE COMPANY: _____ POLICY NUMBER: _____
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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: _____
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 ARSON? 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
DO YOU HAVE AN INCOME? YES NO Monthly \$ _____
CAN YOU PAY THE REQUIRED PROGRAM FEE OF \$300.00 PER MONTH AT ADMISSION? YES NO
ARE YOU EMPLOYED? Yes No If "yes" who is your employer? _____
ARE YOU ABLE & WILLING TO WORK TO PAY FOR THE PROGRAM RESIDENCY FEES? YES NO
DO YOU RECEIVE NON-JOB-RELATED INCOME? (Disability, DHHR, etc.) Yes No If "yes" what?

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 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. Calling OUR House admissions secretary weekly will assure us you are interested. Diane 304-841-830} for Women’s House Megan 304-402-8414} for Men’s House
 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
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34. I realize that application to OUR House does not guarantee residency. I understand I may be subject to a telephone and /or a face-to-face interview.

35. Upon admission to One Unique Recovery House, Inc. I will need to submit a negative drug screen.

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 the back of application or attach another page 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:

OUR House, Inc.
P.O. Box 1134
Buckhannon, WV 26201 or email to: ourhousewv@gmail.com

FOR USE BY OUR HOUSE STAFF

ACCEPTED NOT ACCEPTED **Why:**

• **MOVE IN DATE** _____ • **MOVE OUT DATE:** _____

• **OUTSTANDING DEBT TO HOUSE \$** _____ **DATE REPAYED** _____