

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. Age 18 or older at the time of admission, and female for women's house, male for men's house
2. Be free of alcohol and drugs for a minimum of 14 days (no acute medical withdraw symptoms)
3. Have a primary diagnosis of substance use disorder.
4. Have a basic have a desire to work a 12-step recovery program.
5. Agree to stay in the residence for 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 urine drug screen and agree to random drug/ alcohol screen testing.
8. Agree to attend a minimum of five (5) in-person 12-step meetings weekly and obtain a sponsor within the first 30 days of residency.
9. Have no acute medical health or psychiatric problems.
10. Have the ability to use this program as a transition to independent living.
11. Have the 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 \$400 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.
16. Be able to walk up and down stairs without assistance or pain.

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.

OUR House is capable of medication assisted treatment for those using the Vivitrol injection. Persons taking the Vivitrol injection will be referred to a local clinic for follow up.



Application for OUR House Residency updated 1/1/2024

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 () If you are incarcerated or in a treatment facility, please provide Counselor or person in charge name and phone #:		
Check if treatment facility/incarcerated <input type="checkbox"/> Expected discharge date: _____					
City	State / County	Zip	EMAIL ADDRESS:		
5. Have you been or are you currently addicted to Alcohol? Yes No Have you been or are you currently addicted to Drugs? Yes No		6. Date of Your Last drink or high?	8. List drugs you have 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 or CR meetings? Yes No - which one do you prefer? _____		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. Have you ever or do you currently 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. Are you willing to work with our Recovery Coach? Yes No		15. Is there a person or group of people you really love or who are really important to you? (Who?)			
16. Have you or do you currently work the 12 step program? If so, what steps have you done?		17. Are you willing to participate in one-on-one therapy for a minimum of 4 weeks? Yes No			
18. 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.		19. How do you think OUR House will benefit you?			

20. EMERGENCY CONTACT: _____ TELEPHONE: (_____) _____ - _____ RELATIONSHIP: _____	21. 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: _____
22. EDUCATIONAL INFORMATION HIGH SCHOOL GRADUATE OR GED? <input type="checkbox"/> YES <input type="checkbox"/> NO HIGHEST GRADE COMPLETED _____ TECHNICAL/TRADE SCHOOL? <input type="checkbox"/> NO <input type="checkbox"/> YES > PROGRAM OF STUDY _____ COLLEGE GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO # YEARS COMPLETED _____	

23. FAMILY INFORMATION MARRIED/COHABITANT <input type="checkbox"/> DIVORCED/SEPARATED <input type="checkbox"/> SINGLE/NEVER MARRIED <input type="checkbox"/> SPOUSE/SIGNIFICANT OTHER'S NAME _____ DO YOU HAVE CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW MANY: _____

24. HISTORY OF ABUSE (/PHYSICAL/EMOTIONAL)? <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE _____ _____

25. LEGAL INFORMATION PROBATION/PAROLE OFFICER: _____ TELEPHONE: (_____) _____ - _____ CONVICTED OF A VIOLENT FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO COMMITTED/BEEN CHARGED WITH ARSON? <input type="checkbox"/> YES <input type="checkbox"/> NO COMMITTED/BEEN CHARGED WITH A SEXUAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE ANY OUTSTANDING OFFENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO LIST ALL CURRENT/PENDING CHARGES AND PAST CONVICTIONS INCLUDING SEXUAL OFFENDER'S ACT: _____ _____
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26. FINANCIAL INFORMATION DO YOU HAVE AN INCOME? <input type="checkbox"/> YES <input type="checkbox"/> NO Monthly \$ _____ CAN YOU PAY THE REQUIRED PROGRAM FEE OF \$400.00 PER MONTH AND AT ADMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes" who is your employer? _____ ARE YOU ABLE & WILLING TO WORK AND PAY FOR THE PROGRAM RESIDENCY FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU RECEIVE NON-JOB-RELATED INCOME? (Disability, DHHR, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes" what? _____ DO YOU HAVE ANY PHYSICAL CONDITIONS OR DISABILITY THAT LIMITS YOUR ABILITY TO WORK: _____ WHAT JOB SKILLS/TRADE DO YOU HAVE: _____

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 _____

27. 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 304-841-8302} 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: _____

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

29. [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

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

Name and Address	Relationship	Telephone
1-		
2-		
3-		

31. MEDICAL INFORMATION
 PRIMARY CARE PHYSICIAN: _____ TELEPHONE: (_____) _____ - _____
 DO YOU HAVE A HISTORY OF?
 SEIZURES YES NO DIABETES YES NO HYPERTENSION YES NO
 HAVE YOU TESTED POSITIVE FOR? TB? YES NO HEPATITIS? YES NO HIV/AIDS? YES NO
 DO YOU HAVE ANY DIAGNOSIS OF A MENTAL ILLNESS? YES NO
 WHAT: _____ Are you taking medication for a mental illness? _____
 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 ALL CURRENT PRESCRIBED OR OVER THE COUNTER MEDICATIONS YOU TAKE AND REASON FOR TAKING (ATTACH ADDITIONAL SHEET IF NECESSARY)

DRUG NAME	DOSAGE & TIME	REASON
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BE SURE TO INCLUDE ALL MEDICATIONS – IF LIST IS INACCURATE, YOU MAY BE DENIED RESIDENCY

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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.

32. 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. Upon admission to One Unique Recovery House, Inc. I will need to submit a negative drug screen. I have read all of the material on this application. I have also answered each question honestly. I understand the program fee of \$400.00 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 \$ _____