## Criteria for applying for One Unique Recover House Residency.

*One Unique Recover (OUR) House, Inc. has a commitment to equal opportunity and fair treatment for all people regardless of their protected characteristics. OUR House does not exclude, deny benefits to, or discriminate against any person on the basis of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion, creed, or any other factor in its programs and activities. OUR House will not retaliate against or violate the confidentiality of residents who report or oppose discrimination.*

1. Age 18 or older at the time of admission.
2. Be free from substances for a minimum of 14 days (no acute medical withdraw symptoms)
3. Have a primary diagnosis of substance use disorder.
4. Have a basic desire to work a 12-step recovery program.
5. Agree to stay in the residence for a minimum of three (3) months.
6. Allow OUR House to obtain releases of information for medical, legal, and mental health information if needed.
7. Ability to pass a urine substance screen and agree to random substance screenings moving forward.
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 acute medical health or psychiatric problems stabilized prior to entry.
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 fees.
14. Commit to abstinence from mood and mind altering substances.
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 or 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. People taking the Vivitrol injection will be referred to a local clinic for follow up.**

# Application for OUR House Residency updated 10/15/2026

**PLEASE ANSWER ALL QUESTIONS**

| | | | | |
|---|---|---|---|---|
| **1**. Print Name (Last, First, Middle)<br><br>Gender:_____preferred pronoun: _____ | | | **3**. Date of Birth<br>Month / Day / Year | |
| **2.** Resident Address (where you are right now) | | | **4.** Phone Where You Can Be Reached<br>( )<br>If you are incarcerated or in a treatment facility, please provide Counselor or person in charge name and phone #: | |
| Check if treatment facility/incarcerated ☐<br>Expected discharge date:_____ | | | | |
| City | State / County | Zip | EMAIL ADDRESS: | |
| **5.** Have you been or are you currently addicted to Alcohol? Yes No<br>Have you been or are you currently addicted to Drugs? Yes No | | **6.** Sobriety Date: | **8.** List drugs you have used addictively, including alcohol: | |
| **7.** On a scale of 0 to 10, How committee 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<br><br>**10.** Do you have a sponsor? | | | **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? | |
| **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 Peer Recovery Support Specialist?<br>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 SUD?<br>Yes No<br>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: _____<br>TELEPHONE: (_____) _____ - _____<br>RELATIONSHIP: _____ | **21**. Do you have a Valid ID: ☐ YES ☐ NO<br>VALID LICENSE: ☐ YES ☐ NO<br>DO YOU HAVE A VEHICLE?<br>☐ YES ☐ NO |

**22**. 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 _____

**23.** FAMILY INFORMATION

MARRIED/COHABITANT ☐ DIVORCED/SEPARATED ☐ SINGLE/NEVER MARRIED ☐

SPOUSE/SIGNIFICANT OTHER'S NAME

_____

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

**24.** HISTORY OF ABUSE (/PHYSICAL/EMOTIONAL)? ☐ YES ☐ NO

DESCRIBE

_____

_____

**25.** 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:

**26. FINANCIAL INFORMATION**

DO YOU HAVE AN INCOME? ☐ YES ☐ NO Monthly $_____

CAN YOU PAY THE REQUIRED PROGRAM FEE OF $400.00 PER MONTH AND AT ADMISSION? ☐ YES ☐ NO

ARE YOU EMPLOYED? ☐ YES ☐ NO If "yes" who is your employer? _____

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

DO YOU RECEIVE NON-JOB-RELATED INCOME? (Disability, DHHR, etc.) ☐ YES ☐ 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) DO NOT LEAVE BLANK – IF NONE PLEASE WRITE NONE**

| DRUG NAME | DOSAGE & TIME | REASON |
|---|---|---|

**BE SURE TO INCLUDE ALL MEDICATIONS – IF LIST IS INACCURATE, YOU MAY BE DENIED RESIDENCEY**

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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 the 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 $_____**