



*Recovery is the Solution*

## DarJune Foundation, Inc. Housing Application

Please indicate which house you are applying for:

- Off the Streets Sober Living Program
- Derge Sober House for Men
- Spoehr Sober House for Women
- Troy Thomas Respite Center

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sobriety Date: \_\_\_\_\_

House applied for: \_\_\_\_\_

Home/Last Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Last Treatment/Halfway House: \_\_\_\_\_

Number of Treatment Programs: \_\_\_\_\_ In how many years: \_\_\_\_\_

What is the longest time period you have been clean and sober: \_\_\_\_\_

What was the reason for your relapse: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor/Mentor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drug(s) of Choice: \_\_\_\_\_

Are you currently on probation/parole/house arrest?     Yes                       No

If yes, Name of Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently in any other treatment services?     Yes                       No

If yes, what services are you receiving: \_\_\_\_\_

Name of Service: \_\_\_\_\_ Phone: \_\_\_\_\_



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Current Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Long Term Relationship: \_\_\_\_\_

Dependents:  Yes  No How Many: \_\_\_\_\_

Where do your dependent children live: \_\_\_\_\_

Does addiction run in your family?  Yes  No

Who in your family has addiction problems: \_\_\_\_\_

How many of those family members are in Recovery: \_\_\_\_\_

Do any of your family members participate in support groups (Al-Anon/Teen):  Yes  No

What kind of support system do you have in place?

\_\_\_\_\_  
\_\_\_\_\_

Would you have a safe housing option if DarJune Foundation, Inc., Sober Living House did not have a spot open? If so where?

\_\_\_\_\_  
\_\_\_\_\_

Other pertinent information you feel is necessary for us to know:

\_\_\_\_\_  
\_\_\_\_\_

**Personal References**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*I understand that the information given is accurate and true. Also, I give consent to contact any person(s) whose names are provided to gain information regarding my application.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_