



**FOCUS: Recovery & Wellness Community
Residence Application Form**

Please read disclosure statement at end of form before completion

Level II Recovery Housing is only for individuals with substance use disorder, other populations may be served if they also have substance use disorder. Level II Recovery Housing are monitored but not supervised 24/7.

Application Date: _____

Do you meet the minimum requirement of 28 days substance free?

Yes No

How Long Have You Been Substance Free from Using Alcohol and/or Other Substances?

What home are you applying for?

Men's Home Women's Home Mom's Home

(Moms only) Are you established with the MOM's
Program at BVH? Yes No

Mom's Due Date? _____

How did you hear about this Ohio Recovery Home Level II Recovery Home?

Applicant Information

First, Middle Initial, and Last Name:

Gender: _____ Pronouns: _____ DOB: _____ Age: _____

SSN: _____

Home/Mailing Address: _____

Are you a current resident of Hancock County: Yes No

Phone Number: _____ Email Address: _____

Children

Please note visitation is allowed upon approval and legal visitation.

Name

Gender

Age

1. _____

2. _____

3. _____

Do you have visitation with your children? Yes No

Are you working toward reunification with your children? Yes No

If YES, explain visitation schedule and any requirements for supervised visitation: _____

Please Check ALL Categories That Apply To You:

Are you a veteran? Yes No

Do you own a car? Yes No

If so, are you insured & can you provide documentation of insurance? Yes No

*only insured, maintained and working vehicles will be approved on properties.

Mark All Benefits Received or Applied For:

Food Stamps Medicaid Medicare SS/Disability

Health Insurance Housing Voucher VA Medical Benefits

Other (please specify): _____

Describe amount and type of benefit: _____

Do you have Payee? YES _____ NO _____

If YES, Who? Name: _____

Legal Guardianship

Do you have a legal guardian? YES _____ NO _____

If YES: Name of Guardian/Relationship: _____

Address: _____

Phone: _____

Monthly Income

Source	Amount
Alimony	_____
Child Support	_____
Employment	_____
Retirement/Pension	_____
School Loan	_____
SSI/SSDI	_____
Welfare/ADC/TANF	_____
Veteran's Administration	_____
Any Other Income	_____
Total Income	_____

Employment Status:

Are you currently employed? Yes No

Please mark all that apply

Full-time Part-time Temporary/Seasonal
Enrolled in school Enrolled in training program Unemployed

Are you willing to provide documentation of employment? Yes No

Current Employer: _____ Phone: _____

Job Title: _____

**Legal Issues (Legal Issues Do Not Necessarily Prohibit Residence; Public Record will be checked
Checked)**

Do you have legal charges pending

YES _____ NO _____

If YES, what is the charge? _____

Which Court is hearing the case? _____

List Type and Location of all Juvenile Offenses:

List Type and Location of all Adult Offenses:

Are you currently on probation? YES _____ NO _____

If YES, what charge? _____

What State and County? _____

Name of Probation/Parole Officer _____

Contact Phone # _____

Are you a Registered Sex Offender? YES _____ NO _____

Victim of Domestic Violence? YES _____ NO _____

CPD or Restraining Order? YES _____ NO _____

History of violence toward self, others
or property? YES _____ NO _____

Suicide thoughts or attempts? YES _____ NO _____

Acts of Arson? YES _____ NO _____

If you answered YES to any of the above questions, please explain:

Medical Information

Are you experiencing any medical problems?

Yes No

Allergies?

Yes No

Dietary Restrictions?

Yes No

Do you use tobacco products?

Yes No

Diagnosed with seizure disorder?

Yes No

Sleeping problems?

Yes No

Dental Problems?

Yes No

Describe any items marked YES:

Please check those issues that apply to you:

Mental Health Issues

Substance Use (Alcohol, Drugs) Behavioral Issues

Physical Disability

Learning Disability

Describe Your Current Psychological or Alcohol/Drug Condition. (What is your Diagnosis?):

Current Treatment Providers:

Name Agency Phone #

Medications (List all current medications prescribed, non-prescribed and over the counter):

Medication Name Prescribing Physician

List all **Mental Health Hospitalizations** in the past 3 years:

Month/Year	Hospital	Reason

List all **Hospitalizations for Addiction-Related Issues** in the past 3 years:

Month/Year	Hospital	Reason

Recovery Support Goals/Needs:

What Is Your Substance(s) of Choice? _____

Describe Your Current Recovery Goals: _____

What Do You Expect to Gain from Recovery Housing? _____

Describe What Have You Done for Your Recovery That Has Been Successful: _____

What Is Your Pathway to Recovery: _____

Do You Have Individuals in Your Life Open to Helping You Establish Recovery? If So, Who?

Are There People in Your Life Who Might Be Unsupportive of Your Recovery Journey? If So, Who?

Are you willing to engage in recovery planning, support other residents, maintain a drug and alcohol-free living environment, set goals, and establish or maintain a recovery pathway?

Yes No

Please Provide 3 References (Friends, Family, Sponsors, Clinicians, Etc.):

Name	How do you know this person?	Phone #
1.		
2.		
3.		

****I verify that all information provided as part of this application is truthful and accurate. I also understand that failure to disclose correct information could lead to my disqualification for residency.**

Signature of Applicant

Date

Authorization (Disclosure of Information Will Be Held in Strict Confidence)

I authorize the Hancock County ADAMHS Board to conduct a thorough personal investigation including, but not limited to:

- Credit Reports
- Employment/Income Verification
- Reference Checks
- Current and Previous Landlords
- Law Enforcement Authorities
- Criminal Background Checks
- School Records
- Drug Screen Check

I understand that any cost associated with these investigations will be at the expense of the Hancock County ADAMHS Board.

I hereby release these third parties from all liability for any damage whatsoever for providing information to the Hancock County ADAMHS Board in connection with this application. I also release the Hancock County ADAMHS Board, its agents, employees and representatives from any liability in connection with their collection and use of information obtained from third parties during this application process.

I also understand that if I do not provide authorization to this investigation, or refuse to complete the criminal background check, or drug screen test, the Hancock County ADAMHS Board may not provide approval for residency. I agree to hold the Hancock County ADAMHS Board harmless for such refusal.

Applicant's Signature

Date

