

# Building Men for Life, Inc.

370 Country Club Road  
616.393.2188 – Office

buildingmenforlife.com

Holland, MI 49423  
616.393.2182 - Fax



## Sober Living House Application

(Complete all information on this application)

Date \_\_\_\_\_ Desired Move in Date \_\_\_\_\_

Name \_\_\_\_\_  
*First Last MI*

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

Best Contact # \_\_\_\_\_ (Circle) Cell Home Work

Are You Employed? Yes No Employer Name \_\_\_\_\_

Monthly Income \_\_\_\_\_ Collecting SSI/SSDI? Yes No

Probation/Parole Officer \_\_\_\_\_ Phone# \_\_\_\_\_

**Are you willing to be part of BMFL's Program and stay clean and sober?** Yes No *Why do you want to live in a sober living house?* \_\_\_\_\_

Are You Homeless? Yes No If no, is this: Treatment Mission Jail/Prison Family/Home Hospital

If you are in a Jail or treatment center, what county did you live in before your Jail/treatment center \_\_\_\_\_

Current Address that is on your ID \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

What County did you receive Medicaid and food assistance? \_\_\_\_\_

Relationship Status Married In Relationship Separated Divorced Widowed Never Married

### Emergency Contacts

\_\_\_\_\_  
*Name Phone Relationship*

\_\_\_\_\_  
*Name Phone Relationship*



# Building Men for Life, Inc. Sober Living House Application

Upon entering the BMFL program, new participants will be required to undergo a drug/alcohol screening. To be approved for entry into our program, this test must show a "negative" result for all drugs that you are not prescribed by a physician. Program participants are subject to drug and alcohol testing at any time and for any reason. Any participant that has a positive result will be immediately removed from the BMFL program. Most drugs and alcohol require three (3) to four (4) days abstinence to pass a drug screen.

List all the substances you have abused in the last year

---

List the substance(s) that you have abused that led you to apply to Building Men for Life's Program

---

Are you currently participating in medication assisted therapy (MAT)? (These are medications that are meant to substitute for alcohol or drug addiction such as Methadone and Suboxone in a recovery program.)

Yes \_\_\_\_\_ No \_\_\_\_\_ Medication \_\_\_\_\_

Prescriber \_\_\_\_\_ Phone \_\_\_\_\_

Treatment Facility \_\_\_\_\_ Location \_\_\_\_\_

Have you ever been to in-patient drug/alcohol treatment? Yes No When \_\_\_\_\_

Are you currently or do you plan on attending outpatient treatment? Yes No

How long have you been clean/sober? \_\_\_\_\_ Longest period clean/sober \_\_\_\_\_

Are you willing to work with a Recovery Coach? Yes No

## List all Prescription Medications

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

## Please Check the Appropriate Boxes

Single Race	Multi-Race	Ethnicity (select only one)
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American and White <input type="checkbox"/> Other multiple races	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

*I understand and agree that to remain a participant of Building Men for Life's program, I must be able to do the four (4) following things (please initial each line):*

- Attend four (4) peer recovery/spiritual meetings each week (AA, NA/Church.) \_\_\_\_\_
- Pass all drug and alcohol tests \_\_\_\_\_
- Be employed or complete sixteen (16) hours of community service weekly \_\_\_\_\_
- Follow all the rules, guidelines, and policies of Building Men for Life, Inc. \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_