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 <u>all</u> information on this application)

Date			_ Desired Mo	ove in D	ate				
Name									
First				Last			M	MI	
Date of Birth		/_		SSN_					
Best Contact #						(Circle) Ce	ell Home	Work	
Are You Employed?	Yes N	o Employer N	lame						
Monthly Income		Colle	cting SSI/SSI	OI?	Yes	No			
Probation/Parole Officer Phone#					<u> </u>				
Are you willing to be	e part of l	BMFL's Progra	am and stay o	clean an	nd sober? Y	es No <i>Why</i> o	do you wan	t to live	
in a sober living hous	e?								
Are You Homeless?	Yes N	o If no, is this	: Treatment	Missi	on Jail/Prisor	n Family/Ho	me Hosp	oital	
If you are in a Jail or t	treatment	center, what co	ounty did you	live in be	efore your Jail	/treatment cer	nter		
Current Address that is on your ID						Apt			
City			ST		ZIP				
What County did you	receive M	ledicaid and foo	od assistance	?					
Relationship Status	Marrie	d In Relation	ship Separ	rated	Divorced	Widowed	Never Ma	rried	
Emergency Cont	acts								
Name			Phone			Relationship			
 Name		-	Phone			Relationship			





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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 a	bused that led you to apply to Building M	en for Life's Program						
	dication assisted therapy (MAT)? (These n such as Methadone and Suboxone in a							
Yes No	Medication							
Prescriber	Phone							
Treatment Facility	Location							
	g/alcohol treatment? Yes No When							
	ttending outpatient treatment? Yes N							
How long have you been clean/sober? Longest period clean/sober								
Are you willing to work with a Recover								
List all Prescription Medications (use back of sheet if needed):								
Please Check the Appropriate Box	es							
Single Race	Multi-Race	Ethnicity (select only one)						
 American Indian/Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White 	 American Indian/Alaskan Native and White Asian and White Black or African American and White Other multiple races 	☐ Hispanic or Latino☐ Not Hispanic or Latino						
I understand and agree that to remain four (4) following things (please initia	n a participant of Building Men for Life's p I each line):	program, I must be able to do the						
1. Attend four (4) peer recovery/spin	ritual meetings each week (AA, NA/Churc	ch.)						
2. Pass all drug and alcohol tests _								
3. Be employed or complete sixteer	n (16) hours of community service weekly							
4. Participate in the REC-CAP (Rec	covery Capital) program							
5. Follow all the rules, guidelines, a	nd policies of Building Men for Life, Inc							
Applicant Signature	Date							