

# Kentucky River Community Care (KRCC)

## Berry House Application

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KRCC's Berry houses are peer-led recovery residences for adult males and females, and for pregnant and parenting females, recovering from alcohol and other drugs, who need a supportive place to live while embracing life in recovery. We focus on building a foundation of recovery through continued work in a 12-step program and developing life skills and relapse prevention strategies needed for long-term recovery. Our goal is to provide a place where residents who understand the struggles in recovery help each other as they assume responsibility for the smooth functioning of the house.

1. Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_
4. DOB: \_\_\_\_\_ SS#: \_\_\_\_\_
5. Highest Level of Education Completed (Check One):  
 Less Than High School  High School/GED  Some College  Associate Degree  
 Bachelor Degree  Master's Degree
6. Marital Status (Check One):  Single  Married  Widowed  Separated
7. Do you have children?  Yes  No If yes, please answer the next 3 questions.
  - How many and what are their ages? \_\_\_\_\_
  - Who has custody of your children? \_\_\_\_\_
  - Do you have a history with Child Protection Services:  Yes  No  
If yes, where: \_\_\_\_\_
8. First Emergency Contact Name: \_\_\_\_\_
9. First Emergency Contact's Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
10. Second Emergency Contact Name: \_\_\_\_\_
11. Second Emergency Contact's Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
12. Do you have a driver's license:  Yes  No
13. Do you have transportation:  Yes  No
14. Current income source and amount: \_\_\_\_\_
15. Which Recovery House are you applying to? (You May Check More than One).

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|---|---|
| <input type="checkbox"/> Perry Winterberry I (Males)                | <input type="checkbox"/> Perry Juneberry I (Females)  |
| <input type="checkbox"/> Perry Winterberry II (Males)               | <input type="checkbox"/> Perry Juneberry II (Females) |
| <input type="checkbox"/> Knott Winterberry (Males)                  | <input type="checkbox"/> Knott Juneberry (Females)    |
| <input type="checkbox"/> Letcher Winterberry (Males)                | <input type="checkbox"/> Letcher Juneberry (Females)  |
| <input type="checkbox"/> Leslie Hollyberry (Females/small children) | <input type="checkbox"/> Perry Hollyberry (Females)   |
| <input type="checkbox"/> Lee Hollyberry (Females/small children)    | <input type="checkbox"/> Lee Winterberry (Males)      |
| <input type="checkbox"/> Breathitt Juneberry (Females)              |   |

16. What and when was the last substance you used and how much did you use:

\_\_\_\_\_

17. What ALL substances have you used, and how long did you use them?

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Have you ever completed a substance abuse program: (when, where, how long)

\_\_\_\_\_

\_\_\_\_\_

19. Where have you lived in the past year: \_\_\_\_\_

20. List misdemeanors and felonies you have been convicted of:

Misdemeanors	Felonies
_____	_____
_____	_____
_____	_____
_____	_____

21. Are you currently on any form of court supervision or under court orders?  Yes  No

If yes, where: \_\_\_\_\_

22. Do you have a history of EPO/DVO?  Yes  No

If yes, please explain: \_\_\_\_\_

23. Have you ever been convicted of a sex offense?  Yes  No

If yes, please explain: \_\_\_\_\_

24. Do you have any pending charges or warrants for your arrest?  Yes  No

If yes, please explain: \_\_\_\_\_

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25. Do you have any physical or mental health ailments?  Yes  No

If yes, please explain: \_\_\_\_\_

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26. List current medications: \_\_\_\_\_

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27. Why do you think the recovery house is a good choice for you, and how will it best serve your recovery? \_\_\_\_\_

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28. Are you currently working a 12-step program?  Yes  No

- Do you have a NA, AA, or CR sponsor?  Yes  No

- How many 12 step meetings do you attend per week: \_\_\_\_\_

29. Are you involved in any additional service providers (counselor, social worker, physician, case management, etc.):  Yes  No

- If yes, who and where: \_\_\_\_\_

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Submit completed application via email to [clinton.fleming@krccnet.com](mailto:clinton.fleming@krccnet.com) for Perry, Knott, Letcher, and Leslie Counties, and [wilma.baker@krccnet.com](mailto:wilma.baker@krccnet.com) for Breathitt and Lee. You will be contacted within 1 week, or sooner. An interview may be scheduled to clarify information and ensure appropriateness. Please note, if accepted, a minimum payment of \$50.00 a week is expected (\$75.00 for individual apartments). You will have 2 weeks free of charge, and then payment will be required.

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**Staff use only:**

**Application Approved:** \_\_\_\_\_ **Application Denied:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

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**Staff Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_