

Kentucky River Community Care (KRCC) Berry House Application

KRCC's Berry houses are transitional living programs for adult males and 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. Emergency Contact Name: _____
9. Emergency Contact's Phone Number (_____) _____ - _____
10. Do you have a driver's license: Yes No
11. Do you have transportation: Yes No
12. Current income source and amount: _____



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13. Which Recovery House are you applying to? (You May Check More than One).

- | | |
|---|---|
| <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) | <input type="checkbox"/> Perry Hollyberry (Females) |

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

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

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

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

17. Where have you lived in the past year: _____

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

Misdemeanors	Felonies
_____	_____
_____	_____
_____	_____
_____	_____

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

If yes, where: _____

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

If yes, please explain: _____

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

If yes, please explain: _____



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

If yes, please explain: _____

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

If yes, please explain: _____

24. List current medications: _____

25. Why do you think the recovery house is a good choice for you and how will it best serve your recovery? _____

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

- If yes, who and where: _____

Submit completed application via email to carl.koger@krccnet.com. You will be contacted within 1 week. Please note, if accepted a minimum monthly payment of \$216.00 is expected. You will have 2 weeks free of charge, and then payment will be required at the start of the week. There may be a waiting list and to stay active on the waiting list, you must text 606-385-4353 every Monday by 4:00 p.m. You may designate another person to text for you as long as they include your name in the text. Text example: "My name is John Doe, I am checking in to stay on the waiting list". You will be removed from the waiting list if the text is not received.

Staff use only:

Application Approved: _____ **Application Denied:** _____

Notes: _____

Staff Signature _____

Date: _____



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