

Divine Steps



Residential

Intake Application for Housing

Please be advised there are NO Refunds given back to any resident whatsoever!

Print Name (Last, First, Middle)			Date of Birth	
			<div> <div>Month</div> <div>Day</div> <div>Year</div> </div>	
Present address (Street) Check if recovery house facility <input type="checkbox"/>			Phone Where You Can Be Reached Home ()	
City	State	Zip	Social Security	
Employed <input type="checkbox"/> unemployed <input type="checkbox"/>		Move in Date	Do you have a car? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you must have a valid driver's license, tags, registration, and car insurance. You must provide documents to have a car at Divine Steps. If you do not have ALL these documents, you will not be allowed to drive your car while living in Divine Steps program.	
Are you employed? If "yes" who is your employer's name and address?		Do you have children? Yes <input type="checkbox"/> No <input type="checkbox"/> How many? Do you have an open CPS case? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you getting public assistance or other non-job-related income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" what?				
I realized that I am entering a contract agreeing not to drink or any mood mind altering substances while living & participating in the program at DIVINE STEPS , acts of violence, sexual misconduct and immoral behavior are reasons for immediate termination. NO RE-ADMISSION IF DISCHARGED! Pending review of program Director. Random drug and alcohol tests are administered. All residents are expected to be employed or seeking employment and maintaining a lifestyle that is conducive to recovery.			Do you take prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list drugs and reason the drug has been prescribed.	
Marital status [Check One] <input type="checkbox"/> Married, <input type="checkbox"/> Never Married, <input type="checkbox"/> Separated, <input type="checkbox"/> Divorced			Do you have a primary care doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the doctor's name and phone number:	
On Probation or Parole? <input type="checkbox"/> Yes <input type="checkbox"/> no If yes, Please give Officers name and number			Any upcoming Court Dates?	

Important: Please Note Divine Steps recovery Home the fee is \$100 per week due EVERY FRIDAY. There is also an entry fee of \$100 due upon entry of Divine Steps program. Divine Steps is a 6–12month program.		NOTE: Medical Insurance does not pay for HOUSING.	
Sign_____Date_____			
Important: You are entering into a residential contract/ agreement for 6-12 months this is a recovery home.			
Pending Charges? <input type="checkbox"/> Yes <input type="checkbox"/> no If yes, please explain.			
Emergency Contact: Name, address, and phone number			
I left the previous DIVINE STEPS House for the following reason: [check one] <input type="checkbox"/> relapse, <input type="checkbox"/> voluntarily, <input type="checkbox"/> other reason(s) _____			
Have you been to any other recovery houses in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Which one?			
Consent to release Information/emergency contact			
Name and Address		Relationship	Telephone
1-			
2-			
3-			
.			

Use this space for additional relevant information:

I have read all the material on this application form including the limitations set forth. I have also answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse.

SIGNATURE:

DATE:

FOR USE BY *Diving Steps to Recovery*

☐ ACCEPTED ☐ NOT ACCEPTED

MOVE IN DATE _____

MOVE OUT DATE: _____

OUTSTANDING DEBT TO HOUSE \$ _____ DATE REPaid _____

OFFICE STAFF Signature: _____