

# Kentucky River Community Care (KRCC) Berry House Application

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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](mailto: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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