

## Storm Haven Recovery Home - Application for Residency

**This application is for internal uses only.** The questions are designed to assist Storm Haven Recovery Home in utilizing our resources to assist you in your recovery through accountability and aiding you in any obstacles you may need to overcome. Attach a separate page if necessary for additional details.

Print Name (First, Middle, Last) (Full Legal Name – include DOC # if applicable)	Date of Birth: _____ Current Age: _____
Are you currently homeless? <b>Yes No</b> (if no – please provide home): Address: _____ City: _____ State: _____ Zip: _____	Information Where You Can Be Reached Home: (    ) _____ - _____ Cell: (    ) _____ - _____ Email: _____
<b>Emergency Contact:</b> Name: _____ Relation: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: (    ) _____	<b>Identification Numbers</b> Last 4 of Social Security #: XXX – XX - _____ Legal ID # _____ State: _____ Type of ID _____ Is the ID you provided currently valid? <b>Yes No</b> Are you a Veteran? <b>Yes No</b>
Storm Haven is located approximately 2-3 miles from the nearest place of employment with limited transportation options available. What is your plan for transportation?  What is your expected move-in date? _____ How much will you be able to pay upon arrival? \$ _____  Are you getting SSI, Disability, Military or other non-job related income? <b>Yes No</b> If yes - please explain: _____ How much/month? \$ _____  If No, do you feel that you will be eligible SSI, Disability, Military or other non-job related income? <b>Yes - (explain) No</b>  Do you have any disabilities which may prevent you from walking several miles, using stairs and/or caring for yourself? <b>Yes - (explain) No</b>  How do you expect to cover your rent and expenses?  _____	
Do you have medical insurance? <b>Yes No</b> Insured Name: _____ Relationship to applicant: _____ Phone # _____ Employer of Insured: _____ Ins Co: _____ ID #: _____ GRP #: _____ Type of Plan: _____ <b>(Please attach a copy of the front and back of your card)</b>	
Are you currently enrolled in a form of higher education? <b>Yes No</b> <b>If Yes:</b> Name of Institution: _____ Program of Study: _____	Are you employed? <b>Yes No</b> Name of employer: _____ Contact Number: _____
Are you a recovering Alcoholic? <b>Yes No</b> Drug Addict? <b>Yes No</b>	If yes, Sobriety Date: _____

List drugs you used addictively:	
Are you discharging from a substance abuse treatment program, either in-patient or out-patient? <b>Yes No</b> If yes, describe program and time period in program (attach sheet if necessary)	
<b>If Yes:</b> Facility Name: _____ Counselor: _____ Phone Number: ( ____ ) _____ - _____ Ext: _____ Email Address: _____ Discharge Date: _____	Are you currently incarcerated? <b>Yes No</b> Facility: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: ( _____ ) _____ - _____ Incarceration Date: _____
Are you planning to attend an aftercare program or an intensive outpatient program? <b>Yes No</b> If Yes - Name of Aftercare Provider or IOP: _____	
Are you participating in or about to enter a methadone or other drug replacement program? <b>Yes No</b>	
What Step are you currently on?  <b>Please tell us about your Recovery Journey and what it means to you:</b>	
Do you take prescription drugs? <b>Yes No</b> - <b>If Yes</b> , list prescription drug, prescribing doctor and dose frequency on attached sheet Please list any allergies you have: _____	
Have you ever been convicted of a felony? <b>Yes No</b> Charge(s): _____ Legal status at time of residency: Probation / Parole / Bond / Court Ordered Probation / Parole Officer Contact Information: Name: _____ Phone: _____ Atty Name: _____ Phone: _____	Do you have any current court case pending, other than moving violations? <b>Yes No</b> <b>If Yes - Explain:</b>
Have you ever lived in a sober house before? (i.e. Oxford House) <b>Yes No</b> If yes, which one? _____	Have you ever lived at Storm Haven before? <b>Yes No</b> (if yes, please list dates of last residency with us)

Storm Haven Application Personal References:

1. Personal Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Personal Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Personal Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Personal Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Personal Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about Storm Haven Recovery Home?

*Please list any special skills you have on the back of this page*

By signing the application below, I authorize Storm Haven Recovery Home to utilize the above information to process my request for membership. I have read, understand and agree with the House Rules. I understand that there may be a follow-up interview, by phone, regarding my application.

**Printed Name of Applicant:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return the application through one of the following methods: Scan and Email the application to: [StormHavenInc@gmail.com](mailto:StormHavenInc@gmail.com)  
Mail the application to: Storm Haven Recovery Home, PO Box 130, Raleigh, WV 25911