FORMS

FRANCIS HOUSE

Wadsworth Men's House I

Standard Form for

Men's Membership Application

NOTE: **CONFIDENTIAL DOCUMENT**

I. PURPOSE

The Membership Application Form is used to help gather information for the review, assessment, consideration and nomination process in granting a probationary membership.
All information is held in strict confidence and is shared only on a need to know basis with Francis House Volunteer Staff, and possibly bonded subcontractors.

II. MEMBERSHIP APPLICATION FORM FOR MEN

Please note: Failure to disclose information complete and accurately will result in immediate Membership Disqualification. All information is held in strict confidence and shared only on a need to know basis with only the appropriate Francis House Team Volunteers.

Demographics: ***(Please Print Legibly)***

Full Legal Name: _____

Date of Birth: ----------

Street Address: _____

City, State & Zip: _____

e-mail address: _____

Phone Number (cell, landline, etc.)_____

Sobriety Date _____

Do you have a Program Sponsor? Yes [ ] No [ ]

Do we have permission to contact your Sponsor? Yes [ ] No [ ]

If yes, please provide ***name & phone number***:

_____

Do you have a Home Group? Yes [ ] No [ ] If yes, please list day, time, and location:

_____

Who referred you? (Name of Treatment Facility, Hospital, Agency, or Person, other; please include name and phone number of contact):

_____

Why do you want to live in recovery housing?

_____

_____

What does recovery mean to you?

_____

_____

Please use this space for any comments or questions. Additionally, if there is anything else you'd like to share.

_____

_____

Employment & Financial Means:

Are you currently employed? Yes [ ] No [ ]

If yes, please list:

Place of Employment; _____

Contact Name and Number: _____

Please provide your latest Payment Stub to verify your Employment, or if you prefer, with your permission Yes [ ] No [ ], we will contact your employer to verify employment.

Do you have the Financial Means of Support to pay your weekly Membership Dues? Yes [ ] No [ ]

If yes, please provide source of funding: _____

_____

Education / Training

Are you currently attending school (college or trade)? Yes [ ] No [ ]

If yes, Name of current School: _____

Contact Name and Phone Number:_____

Do we have permission to contact your school to verify enrollment? Yes [ ] No [ ]

Chemical Use:

At what age did you start using alcohol/drugs? _____

Have you ever used and abused any of the following? (Please check any that apply)

[ ] Alcohol
[ ] Marijuana
[ ] Pain Pills
[ ] Benzodiazepines/Tranquilizers
[ ] Powder Cocaine
[ ] Crack Cocaine
[ ] Methadone
[ ] Suboxone
[ ] Hallucinogens
[ ] Crystal Meth
[ ] Ketamine
[ ] Ecstasy
[ ] Heroin
[ ] Solvents
[ ] Adderall/Ritalin

What is your drug(s) of choice? _____

Have you ever been in any treatment programs? (detox, rehab, hospital for your use of drugs/alcohol) Yes [ ] No [ ]

If yes, provide name, location, and dates

_____

_____

Do we have permission to contact your treatment provider (current or past) to gain understanding of your treatment plan and treatment history? Detailed Treatment Notes will not be requested or discussed. Yes [ ] No [ ]

What is the longest amount of sober time you have had? When?

_____

_____

Medical:

Please Note: If you're application is accepted as a Probationary Member, you will be required to sign a Release for all of your healthcare professionals. Open and transparent communication on healthcare is vital for Francis House's ability to assist and support our members.

Do you have any medical conditions? Yes [ ] No [ ]

Note: please include any serious allergies; food (nuts, shellfish, etc.) or other, (i.e. bees), that could cause a fatal emergency situation.)

If yes, please specify.

_____

_____

Note: Are you allergic to Dogs? Yes [ ] No [ ] Do you have a fear of Dogs? Yes [ ] No [ ]

Note: Have you been Vaccinated for COVID-19? Yes [ ] No [ ]

Do you have Health Insurance? Yes [ ] No [ ]

Please supply name, address, phone number of family doctor:

_____

Note: Are you currently enrolled in a Medical Assisted Treatment (MAT) or Medical Assisted Recovery (MAR) Programs? Yes [ ] No [ ]

If yes, please provide the medications you are being prescribed and their dosages,

Naltrexone (i.e. Vivitrol, Revia) Yes [ ] No [ ], Dosage : _____

Buprenorphine / Naloxone (i.e. Subutex, Suboxone, Sublocade): Yes [ ] No [ ],

Dosage: _____

Methadone: Yes [ ] No [ ], Dosage : _____

Other: Yes [ ] No [ ], Dosage : _____

Note: Are you currently taking any other prescribed medications? Yes [ ] No [ ]

If yes, please provide a list and dosage amounts. Also include vitamins, nasal sprays and any over the counter medicine. (please use a separate sheet of paper)

Please note: It is VERY important that you list ALL medications taken in the last 7 days, regardless if you think it is relative. Failure to list a drug that could show up on a drug screen could result in immediate Membership disqualification.

_____

_____

Do you have a mental health diagnosis? Yes [ ] No [ ]
If yes, please specify:

_____

_____

Are you presently or have you ever self-harmed? Yes [ ] No [ ]

If yes, when was the last time you self-harmed?

_____

Do you have a counselor/therapist/psychiatrist? Yes [ ] No [ ]

If yes, please ***provide name, address, and phone number*.**

_____

Do we have permission to contact your mental health professional to gain basic understanding of your diagnosis. Yes [ ] No [ ]

Legal:
Have you ever been convicted of a Sex Offense? Yes [ ] No [ ]

Have you ever been convicted of Arson? Yes [ ] No [ ]

Have you ever been convicted of a Violent Offense? Yes [ ] No [ ]

Have you ever been convicted of any crime not listed above? Yes [ ] No [ ]

If yes to any of the above, please provide a list of all offenses, dates and disposition. (separate page)

Please note: Signing this form provides authorization to perform a background check. Failure to disclose information found on a background check will result in immediate Membership disqualification, or suspension.

Note: Please complete the last page of this application with information for background check.

_____

Are you currently on probation, court order, house arrest, or parole? Yes [ ] No [ ]

If yes, please ***provide court name: offense and summary of probation***:

_____

Name of Probation Officer and Phone Number: _____

Do we have permission to contact your PO to gain understanding of your Probation Plan? Yes [ ] No [ ]

Emergency Contacts:

Primary Name: _____

Phone number: _____

Street Address: _____

City, State & Zip: _____

Secondary Name: _____

Phone number: _____

Street Address: _____

City, State & Zip: ___

_____

Treatment and Safe Location Contacts:

Please note: We request you provide a treatment center and two safe location contacts that will be able to support and house you if a relapse should occur.

Do we have permission to contact your safe locations to verify acceptance? Yes [ ] No [ ]

Treatment Contact, we request be that of a treatment facility that you would prefer to attend.

Facility Name: _____

Phone number: _____

Street Address: _____

City, State & Zip: _____

First Safe Location Contact; should be a person(s) & location that will assist and provide a safe place for you to live and help you seek the help you need.

Name: _____

Phone number: _____

Street Address: _____

City, State & Zip: _____

Second Safe Location Contact is a back-up contact should there be issues with the First Safe Location.

Name: _____

Phone number: _____

Street Address: _____

City, State & Zip: _____

You have read and agree to The Membership in Good Standing, “Code of Conduct”.
You understand failure to comply with Code of Good Conduct or proposing a House Safety Risk could result in immediate Membership probation, or suspension and dismissal of Membership privileges.

(initial here): _____

You have read the Member in Residence Agreement and are aware of the price of Membership dues. You agree to pay Membership dues at the time payments are expected. Failure to comply within the due date payment periods could result in immediate Membership probation, or suspension and dismissal of Membership privileges.

(initial here):_____

By signing below, you confirm that all information supplied on this application is factual. You completely understand all of the questions you have answered. You understand failure to disclose and respond honestly to any of the requested information will result in an immediate Membership application disqualification, or suspension and dismissal of Probationary Membership and all Membership privileges.

Date: _____

Signature: _____

Print Name: _____

Witness: Signature: _____

Print Name: _____

III. CHANGE HISTORY

Rev. Number	Change Description	Effective Date	Previous Rev. No.
Rev 11	add refer to Residence agreement	12/26/2023	NA

CONFIDENTIAL INFORMATION

Back Ground Check: Data Search Information Page

Note: All information is held in strict confidence and is shared only on a need to know basis with Francis House Volunteer Staff, and possibly bonded subcontractors.

If your membership is not accepted, this page is destroyed and electronic copies erased.

Please Print:

Legal Name (First, Middle & Last):

_____

Social Security Number: _____

Driver Licence Number: State _____ Number: _____

Address History:

Years: From: _____ To: _____

Street _____

City: _____State: _____Zip: _____

Years: From: _____ To: _____

Street _____

City: _____State: _____Zip: _____

Years: From: _____ To: _____

Street _____

City: _____State: _____Zip: _____