



# WOMEN'S HOUSE

## Application For Membership

To be accepted in the Women's House an applicant must complete this application and be interviewed by the residents of the Women's House to which the applicant is applying. The residents of the house then vote on acceptance. An 80% affirmative vote is needed to be accepted. Carefully read the application and honestly answer the questions. Living in the Women's House is special and if you understand its value it can help you achieve comfortable recovery without relapse.

1. Print Name (Last, First, Middle)			3. Date of Birth		
			Month	Day	Year
2. Present address (Street) If currently in a treatment facility please indicate which one.			4. Phone Where You Can Be Reached		
Home (            )			Work (            )		
City	State	Zip	9. List drugs you used addictively:		
5. Are you an Alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Date of Your Last Drink?	8. Date of last drug use?		
7. Are you addicted to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			10. When did you attend your first AA or NA meeting?		
11. How many AA/NA meeting do you now attend each week?			12. Do you want to stop drinking alcohol and using addictive drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" who is your employer?			14. Are you getting welfare or other non-job related income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" what?		
15. If you do not have a job will you get one? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," what job plans do you have?			16. What is your monthly income right now?  \$ _____		
17. What do you expect your monthly income to be next month?  \$ _____			18. Marital status [Check One]  <input type="checkbox"/> Married, <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
19. Do you have a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the doctor's name and phone number:			20. Have you ever been to a treatment facility for alcoholism and/or drug addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the treatment provider, phone number and primary counselor, if any.		
21. Do you take prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list drugs and reason the drug has been prescribed.					

22. When can you move in?  Immediately  Other: If "other" list the date you would want to move in, and reason for delay

Reason: \_\_\_\_\_

Date: \_\_\_\_\_

23. Have you ever lived in a Recovery House before?  
 Yes  No If "yes," provide the name and location of the Recovery House below and answer question 24.

24. [Answer this question if the answer to question 23 was "yes."] I left the previous Recovery House for the following reason:  
 [check one] relapse, voluntarily other reason(s) \_\_\_\_\_

I owe money to the house I left.  
 Yes  No

If I do owe money to the Recovery House I left, I will agree to repay the money I owe to my former Recovery House  Yes  No

25. Emergency Telephone Numbers. [[List family doctor, if you have one, + two family members or friends]

Name and Address 1-2-3-	Relationship	Telephone

26. Email Address: \_\_\_\_\_

27. Use this space for additional relevant information:

28. I have read all of the material on this application form. 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 WOMENS HOUSE

ACCEPTED NOT ACCEPTED • MOVE IN DATE \_\_\_\_\_ • MOVE OUT DATE: \_\_\_\_\_

HOUSE KEYS RETURNED YES NO • OUTSTANDING DEBT TO HOUSE \$ \_\_\_\_\_ DATE REPaid \_\_\_\_\_