AMERICANS ALLIED AGAINST ADDICTION

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Transitional Housing Application

Applicant Information

Full Name: _____ Date: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone: _____ Email _____

Driver's License No. _____ Social Security No.: _____ Date of Birth: _____

Expected Release Date: _____

Are you a resident of Alaska? YES ☐ NO ☐ Are you a resident of Alaska? YES ☐ NO ☐

Applicants Gender: M ☐ F ☐ If no, list state: _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Parole/Probation Officer's Contact

Address:

Probation Officer's Name: _____ _____

Phone: _____

Family Information

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Married? YES ☐ NO ☐

Interest in Recovery

- ☐ I need Accountability for my recovery and rehabilitation.
- ☐ I need a job and/or place to live.
- ☐ I need community-oriented support to redirect myself
- ☐ My family members and friends say that I need to get help.
- ☐ I need a safe place that supports sober living.

Other Reason: _____

_____

Faith, Religion, or Spirituality

Your background of faith/community past or present.

- ☐ Catholic
- ☐ Christian/ Protestant
- ☐ Jewish
- ☐ Muslim
- ☐ Other: _____

Medical History

How long has it been since your last substance abuse?

- ☐ 1-7 Days
- ☐ 2 Weeks - 1 Month
- ☐ 3-6 Months

Other:

Do you have history of substance abuse?

YES NO

Type of Use	*Frequency*	*Amount per session*	*First - Last date of consumption*
Alcohol			
Cocaine(crack)			
Ecstasy			
Heroin			
Inhalants			
Marijuana			
Methamphetamines			
Prescription Medication			
Spice			
Other:			

List any past treatment or programs completed in the past: _____

_____

Do you have any current Medical Conditions?

YES ☐ NO ☐

If yes, please explain: _____

_____

Medication	**Reason for Prescription**	**Dose**	**Date**

Current Primary Care Provider

Name:_____ Location:_____

Phone:_____

Criminal History

Warrants current in Alaska? YES ☐ NO ☐

Charge of sexual crime? YES ☐ NO ☐

Upcoming Court arraignments: YES ☐ NO ☐ Location/Date**:** _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Employment

Are you currently employed? YES ☐ NO ☐

Are you willing to begin employment? YES ☐ NO ☐

Are you physically/mentally able to work full time? YES ☐ NO ☐ If no, list state**:** _____

Health issues that prevent working status? YES ☐ NO ☐

If yes, explain: _____

Your Story

Please Briefly explain your life story and goals

(We encourage you to use a separate sheet of paper to elaborate further)

_____

Who are you?

How did you end up where you are now?

What changes you want to see in your life?

Goals for yourself (Relationships, Employment, Housing, Personal growth, etc.)

Americans Allied Against Addiction Drug/Alcohol Screening Agreement

I, _____ herby give my consent to be screened for drug and alcohol abuse upon admission to Americans Allied Against Addiction. I understand screening may be requested at random and am willing to comply with house rules and regulations.

Testing will be required with the purpose of detecting the absence or presence of:

Class A Drugs: (Heroin, Cocaine) Class **B Drugs**: (Amphetamines, Cannabis, etc.) **Alcohol**

This may be preformed via urine, hair follicle, or blood sample depending on facility policy. I have the right to re-test upon a positive drug screen if the repeated sample is provided no less then 7 days after results. I understand this house has a Zero Tolerance Policy and violation of policies could result in termination of my residency and treatment plan.

_____

Signature

_____

Printed Name

_____

Date

ZERO TOLERANCE POLICY

- Prohibits drug and alcohol use. Residents who are found with possession, use of, or are under the influence of illicit drugs or alcoholic beverages will be dismissed from the facility.
- Unauthorized use of prescription medications is not permitted. This applies to residents actively on facility premises and off.
- Violent behavior or threatening of another person will result in termination of contract
- Smoking is not permitted in resident's room at any time. This policy goes with the use of flammable items such as: vaping, electronic cigarettes candles, matches, etc.
- Possession of weapons such as: Firearms, knives, or any weapon used to inflict injury or death, is prohibited.
- Pornographic images, access, and material of any origin are prohibited from the facility.
- Residents are not to have contact from relationships. Physical or emotional connection can be resumed after 6 months. This is for the quality and success of your treatment plan provided within the facility.
- Abuse of any kind will not be tolerated. (Verbal, sexual, physical, cyber, etc.)
- Residents must sleep in their assigned beds and rooms.
- Harassment of religion, race, sexual orientation, marriage status, mental/physical disability and age will not be tolerated.
- Theft will result in termination of residency
- Gambling of any kind is not permitted
- Damage of property will result in dismissal from house unless accidental.