



APPLICATION FOR RENEWAL RECOVERY RESIDENCE

VISION

We strive to build an equitable, just, and compassionate community where everyone is connected and empowered to create the life they choose.

MISSION

We collaborate to overcome and eliminate barriers in order to expand people's capacity to pursue the growth and change they seek.

VALUES

Inclusion

The community is made stronger when we remedy the exclusion and marginalization of people whose lives do not conform to the norms of the dominant culture.

Interconnection

We cultivate relationships and collaborations that are the foundation for everyone to experience their own concept of well-being.

Innovation

We challenge assumptions, structures, and beliefs – including our own – in order to create new possibilities and solutions that enrich people's lives.

PERSONAL INFORMATION

Name: _____ Preferred Pronouns: _____

Date of Birth: _____ Phone: _____ Ethnicity: _____

If no phone, please indicate another way we can reach you: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Email: _____

On what date would you want to move in? _____

EMERGENCY/MEDICAL CONTACTS

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Do you have a mental health therapist? Yes No

Name: _____ Phone Number: _____

Do you have a primary physician? Yes No

Name: _____ Phone Number: _____

Do you take prescription medications? Yes No

If yes, please list your current medications and what they are prescribed for, using the back of the page if needed:

Please list any other medical or mental health concerns we should be aware of:

Have you experienced domestic violence? Yes No

Please write out your preferred plan, should you resume use. This plan should include what we should do, whom we should contact, and where we should take you (if we are able), should you experience a relapse. Use the back of the page if needed:

GENERAL INFORMATION

Are you legally eligible for employment in the United States? Yes No

Are you 18 or older? Yes No

Do you have a valid driver's license? Yes No If no, give the reason: _____

CRIMINAL HISTORY

Have you been convicted of a misdemeanor or felony in the last 5 years? Yes No

If so, please describe: _____

Will you be on probation or parole while residing in the home? Yes No

If so, what is your Probation/Parole Officer's name and phone number? _____

SUBSTANCE USE HISTORY

Date of last use: _____

List substances of concern: _____

Other behaviors of concern? Yes No If so, please list _____

RECOVERY PROGRAM

Do you attend a program of recovery (AA, NA, RR, PAR, GA, SA, etc.)? Yes No

If so, how many meetings do you generally attend per week? _____

Do you have a sponsor/mentor? Yes No If so, last time you met _____

Sponsor/mentor's name: _____ Phone number: _____

Are you currently in a treatment program or are you participating in drug court? Yes No

Name of contact: _____ Phone number: _____

Describe your personal recovery plan to maintain abstinence: _____

(If you need additional space, use the back of the application or attach a separate sheet.)

EMPLOYMENT/VOLUNTEER INFORMATION

CURRENT EMPLOYER OR VOLUNTEER POSITION: _____ Phone Number: _____

Address: _____

Job Description (duties, skills, equipment used):

Date Hired: _____

Salary or hourly wage: _____

Supervisor's name: _____ Phone Number: _____

REFERENCES

REFERENCES: Provide three references who are not related to you and who have knowledge of your commitment to recovery.

Name: _____ Address: _____ Phone Number: _____

Name: _____ Address: _____ Phone Number: _____

Name: _____ Address: _____ Phone Number: _____

Admittance into STEP's Renewal Recovery Residence requires that the applicant be age 18 years or older, not require additional supports for a severe mental health diagnosis, not be required to register as a sex offender, identify as having a substance use disorder, and be committed to recovery. Based on the application and results of an interview and additional steps of the process, management makes the determination regarding admitting the applicant. The applicant is notified promptly of the admittance decision.

I certify the facts contained in this application (and accompanying documents, if any) are true and complete. I understand any false statement, omission, or misrepresentation on this application or accompanying documents is sufficient cause for refusal for residence or for eviction, regardless of when discovered by STEP, Inc.

I authorize STEP, Inc. to obtain additional information about all statements contained in my application and/or accompanying documents, and I authorize any person, institution, or organization, unless otherwise noted, to disclose in good faith any information they may have regarding my fitness for residence. In addition, I release STEP, Inc. and any other persons giving reference on my behalf from any liability from the exchange of information and any other reasonable and necessary information incidental to the process.

BY SIGNING THIS APPLICATION, I CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature: _____ Date: _____

Please fax back to [406.248.1493](tel:406.248.1493) or email to collinw@step-inc.org