

## **Application for Residency at the Kenny Smith Freedom House**

1. First & Last Name (Please print):

2. Present Address (Street, City, State, & Zip):

3. Date of Birth (Month/Day/Year):

4. Phone Where You Can Be Reached

Cell (     )

Home (     )

Work (     )

5. Have you had problematic drinking? Yes No

6. Date of your last drink?

7. Do you have substance-use/abuse issues? Yes No

8. Date of last drug use?

9. List drugs you used addictively:

10. When did you attend your first AA or NA meeting?

11. How many AA/NA meeting do you currently attend each week? Do you have a sponsor?  
Could we speak with them?

Name & number of sponsor:

12. How many times have you tried to stop drinking alcohol and/or using addictive drugs?  
(Explain)

13. Are you currently employed? Yes No If "yes," who is your employer?

What hours do you typically work?

14. Do you receive Welfare or other non-job-related income? Yes No If "yes," what?

15. If you do not have a job, will you get one? Yes 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 [Circle One]

Married    Never Married    Separated    Divorced    Widowed

19. Do you have a medical doctor? Yes    No    If “yes,” list the doctor’s name & phone number:

20. Have you ever been to a treatment facility for alcoholism and/or drug addiction? Yes    No  
If “yes,” list the treatment provider, phone number & primary counselor, if any:

21. Do you take prescription drugs? Yes    No    If “yes,” list drugs & reason the drug has been prescribed:

Are you on any Medication Assisted Treatment (MAT)? Yes    No

22. When would you like to move in? (Month/Day/Year):

If this date is in the future, what is the reason for not moving in immediately? (Explain):

23. Have you ever lived in a Sober-Living House(s) before? Yes    No    If “yes,” provide the name(s) and location(s):

If “yes,” why did you leave your previous sober-living house?

(Circle one) Relapse    Voluntarily    Other reason(s) \_\_\_\_\_

Do you owe money to the house that you left? Yes    No    If “yes,” do you agree to repay the money owed to the former House?    Yes    No

25. Have you ever been convicted of a violent crime? Yes    No    If “yes,” please explain:

26. Have you ever been put on the Megan's Law List? Yes No

27. Have you ever been diagnosed with any psychiatric disorders? Yes No

25. Emergency Contact Information. List 3 family members and/or friends:  
(Name, Address, telephone, & relationship):

1.

2.

3

26. I realize that the Kenny Smith Freedom Foundation to which I am applying for residency has been established as a non-profit 501 c 3 and is in compliance with NJARR standards and (A) prohibit all residents from using any alcohol or illegal drugs, and agree that (B) any resident who violates such prohibition will be expelled. And is in agreeance that all (C) household chores and upkeep will be shared and divided by the house manager. I also understand that (D) my rent is due Friday of each week and must be paid either by certified check or money order to the house manager no later than 10pm on each Friday. Any rent after 10pm will be considered late and a 10 percent late fee will be applied. (E) I also have read and agree to abide by the operating by-laws of the Kenny Smith Freedom Foundation.

Signature\_\_\_\_\_Date\_\_\_\_\_

Witness' Signature\_\_\_\_\_Date\_\_\_\_\_