

# Hastings Unity Houses

## Application for Membership

Are you currently on the Sex Offender Registry? Yes \_\_\_\_\_ No \_\_\_\_\_

Those who are on the sex offender registry will NOT be accepted due to liability insurance restrictions.

NAME \_\_\_\_\_ GENDER \_\_\_\_\_

SOC. SEC # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ MILITARY SERVICE Yes No

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

CONTACT NUMBER, (a number that we can call to get in touch with you today). \_\_\_\_\_

DATE OF YOUR LAST USE OF ALCOHOL OR OTHER DRUGS? \_\_\_\_\_

WHAT IS YOUR DRUG OF CHOICE? \_\_\_\_\_

\*\* CR-Celebrate Recovery, AA-Alcoholics Anonymous, NA-Narcotics Anonymous, CMA-Crystal Meth Anonymous\*\*

NUMBER OF CR/AA/NA/CMA MEETINGS ATTENDED IN THE PAST MONTH? \_\_\_\_\_

HAVE YOU COMPLETED TREATMENT FOR ALCOHOL/DRUGS? Yes No

IF SO, WHERE? \_\_\_\_\_ WHEN \_\_\_\_\_

WHO IS/WAS YOUR MOST RESENT COUNSELOR IN TREATMENT? \_\_\_\_\_

MAY WE CONTACT THEM REGARDING YOUR APPLICATION? Yes No

ARE YOU EMPLOYED? Yes No IF SO, WHERE? \_\_\_\_\_

IF YOU ARE NOT EMPLOYED WHAT ARE YOUR PLANS TO GET A JOB? \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ DO YOU HAVE A MEDICAL DOCTOR? Yes No

IF SO, WHO? \_\_\_\_\_ ARE YOU TAKING ANY PRESCRIPTION

MEDICATIONS? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

WHAT CONDITION ARE YOU TAKING THE MEDICATION FOR? \_\_\_\_\_

ARE YOU WILLING TO COMPLY WITH THE EXPECTATIONS OR BOUNDARIES? Yes No

ARE YOU WILLING TO MAKE A SIX MONTH OR LONGER COMMITMENT TO THE HOUSE? Yes No

WHAT DATE WOULD YOU BE AVAILABLE TO MOVE IN? \_\_\_\_\_

ARE YOU CURRENTLY ON PROBATION OR PAROLE? Yes No

IF YES, WHO IS YOUR PROB/PAROLE OFFICER? \_\_\_\_\_ PHONE \_\_\_\_\_

IF ON PAROLE WHEN IS YOUR ENDING PAROLE DATE? \_\_\_\_\_

MAY WE CONTACT THEM REGARDING YOUR APPLICATION? Yes No

DO YOU CURRENTLY HAVE ANY LEGAL ISSUES/CHARGES? Yes No

ARE YOU UNDER A MENTAL HEALTH BOARD COMMITMENT? Yes No

IF SO, IN WHAT COUNTY? \_\_\_\_\_

EMERGENCY CONTACT PERSON #1 \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMERGENCY CONTACT PERSON #2 \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

I have answered the questions honestly on this application. I have also read the house expectations and boundaries and I understand that violation of the house expectations and boundaries could result in my expulsion from the house. I understand that the house for which I am applying for residency has been established in compliance with the Federal Anti-Drug Abuse Act which (A) Prohibits all residents from using any alcohol or illegal drugs, (B) Must expel any resident who violates such prohibition. In accepting these terms, I understand I am excluding myself from the normal due process afforded by local landlord-tenant laws.

I understand that my alcohol/drug testing will be sent in to Precision Toxicology. It will then be billed to insurance and if insurance doesn't pay for these services, I may be billed.

**ADDITIONAL INFORMATION:**

I have read all the material on this application form and would like to apply for residency in the Unity House. I agree to follow all the rules and conditions as outlined.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_ Approved \_\_\_\_ Not Approved Signature of interviewing counselor \_\_\_\_\_

Date \_\_\_\_\_

**REVISED 4-11-17**