



Thank you for your interest in West Concord Board and Lodge. This form helps us get to know you and make sure our home is the right fit for your recovery.

- Please print clearly in blue or black ink.
- Answer every question you can. Write **N/A** if something does not apply.
- Your answers are kept confidential and used only to review your application.
- Initial the bottom of each page.

OFFICE USE ONLY

Received _____

Reviewed by _____

Interview _____

Decision ☐ Accept ☐ Waitlist ☐ Decline

01 PERSONAL INFORMATION

FIRST NAME

MIDDLE INITIAL

LAST NAME

DATE OF BIRTH MM / DD / YYYY

SOCIAL SECURITY NUMBER

PHONE NUMBER

EMAIL ADDRESS

02 EMERGENCY CONTACTS

At least one emergency contact is required.

CONTACT 1 – NAME

RELATIONSHIP

PHONE

CONTACT 2 – NAME

RELATIONSHIP

PHONE

On your first day you will complete an **Individual Emergency / Safety Plan** with the House Manager, including when each contact may be called.

03 ADDRESS

CURRENT ADDRESS

STREET ADDRESS

APT / UNIT

CITY

STATE

ZIP

CURRENT RESIDENCE TYPE treatment, parents' home, friend, hotel, etc.

Applicant initials _____

PREVIOUS ADDRESS

STREET ADDRESS

APT / UNIT

CITY

STATE

ZIP

04 HOW DID YOU HEAR ABOUT US?

- | | | |
|---|---|--|
| ☐ Treatment provider | ☐ Friend | ☐ Recovery resource |
| ☐ Internet search | ☐ Current or past resident | ☐ Other |

IF OTHER, PLEASE SPECIFY

05 ADDICTION HISTORY

Check all that apply

- | | |
|------------------------------------|---|
| ☐ Alcoholic | ☐ Drug dependent or addict |
|------------------------------------|---|

PRIMARY DRUG OF CHOICE

SOBRIETY / CLEAN DATE MM / DD / YYYY

When did you begin experiencing problems, and how has your addiction progressed?

Describe any periods you have been able to remain clean or sober, and for how long.

12-Step involvement – check all that apply

- | | |
|--|---|
| ☐ Currently attending AA | ☐ Currently attending NA |
| ☐ Attend both AA and NA | ☐ Cannot attend due to treatment |
| ☐ Anxious to attend after treatment | ☐ Attended in the past, found it unhelpful |
| ☐ Never attended | ☐ Other: _____ |

SPONSOR NAME leave blank if none

SPONSOR PHONE

Applicant initials _____

Substances used – check all that apply

- | | | |
|--|---------------------------------------|--|
| ☐ Alcohol | ☐ Heroin | ☐ Methamphetamine (crystal) |
| ☐ LSD / hallucinogens | ☐ Barbiturates | ☐ Cocaine |
| ☐ Marijuana | ☐ Bath salts | ☐ K2 / synthetics |
| ☐ Other: _____ | | |

06 TREATMENT HISTORY

Are you currently or recently in treatment?

☐ Yes☐ No

RELEASE / ENTRY DATE MM / DD / YYYY

TREATMENT PROVIDER

PROVIDER NAME

PROVIDER PHONE

PROVIDER STREET ADDRESS

APT / UNIT

CITY

STATE

ZIP

CARE TEAM CONTACTS

CASE MANAGER / DISCHARGE COORDINATOR NAME

CASE MANAGER EMAIL

CASE MANAGER PHONE

PRIMARY THERAPIST FIRST NAME

LAST NAME

THERAPIST PHONE

Please note: we contact your provider and case manager only with your authorization (see Authorizations). Your provider may also ask you to sign its own release of information.

07 MEDICAL**Medical conditions** blood pressure, headaches, etc.**Mobility limitations** foot, back, leg problems, COPD, etc.**ALLERGIES** medications, foods, other

Applicant initials _____

Prescribed medications name, dosage in mg, and times daily

PRESCRIBING DOCTOR NAME

DOCTOR PHONE

Over-the-counter medications and supplements name and how often

08 RELATIONSHIPS & FAMILY

Marital status

☐ Single ☐ Married ☐ Common-law partner ☐ Divorced ☐ Other

Relationship status

☐ Single ☐ Married, living with spouse ☐ Married, separated ☐ Involved, not legally married
☐ Ended, wish to rejoin ☐ Ended, no intention to rejoin

Are you currently in a relationship? Please explain.

PARTNER / SPOUSE

FIRST NAME

LAST NAME

STREET ADDRESS

APT / UNIT

CITY

STATE

ZIP

CHILDREN

Minor children name and age

Adult children name and age

Custodial parent contact name, address, phone

Is there a child support order in place?

☐ Yes ☐ No

IF YES: AMOUNT OWED

AMOUNT IN ARREARS

09 EDUCATION

Highest level completed

☐ No diploma or GED ☐ High school diploma ☐ GED ☐ Some college ☐ College graduate ☐ Other**10 LEGAL**

Criminal history – check all that apply

- | | |
|---|--|
| ☐ No criminal history | ☐ Currently on probation |
| ☐ Charged with a violent crime | ☐ Committed or charged with arson |
| ☐ Sex crime conviction | ☐ On ankle monitoring |
| ☐ Other: _____ | |

If you checked anything other than "No criminal history," please explain.

PROBATION

COUNTY / MUNICIPALITY OF PROBATION

PROBATION OFFICER FIRST NAME

LAST NAME

PHONE

11 IDENTIFICATION & TRANSPORTATION

Identification — check all that apply

☐ Have a valid driver's license☐ Do NOT have a valid driver's license☐ Have Social Security card☐ Have state ID☐ Do NOT have any ID

Do you own a vehicle?

☐ Yes☐ No

If yes:

YEAR

MAKE

MODEL

COLOR

LICENSE PLATE

12 EMPLOYMENT & INCOME

What do you do for work? List all fields / jobs you have held.

Are you currently employed?

☐ Yes☐ No

If yes:

EMPLOYER NAME

EMPLOYER PHONE or N/A

EMPLOYER STREET ADDRESS

APT / UNIT

CITY

STATE

ZIP

Are you receiving any benefits? (disability, unemployment, etc.)

☐ Yes☐ No

If you are not currently employable, please explain.

13 REFERENCES

List two (2) references who are **not related to you** and can speak to your character.

REFERENCE 1

FIRST NAME

LAST NAME

STREET ADDRESS

APT / UNIT

CITY

STATE

ZIP

COUNTRY

PHONE

YEARS KNOWN

RELATIONSHIP friend, employer, etc.

REFERENCE 2

FIRST NAME

LAST NAME

STREET ADDRESS

APT / UNIT

CITY

STATE

ZIP

COUNTRY

PHONE

YEARS KNOWN

RELATIONSHIP friend, employer, etc.

14 AUTHORIZATIONS & ACKNOWLEDGMENTS

Please read each statement and write your initials beside it.

- _____ I authorize West Concord Board and Lodge to contact the references I listed to ask about my character.
- _____ I authorize West Concord Board and Lodge to contact the treatment provider and case manager I listed to confirm my treatment history and discharge date and to coordinate my move-in.
- _____ I understand I will be tested for alcohol and drugs (breathalyzer and/or urinalysis) on my move-in day, and randomly after that.
- _____ I understand that on or before my first day I will receive copies of the resident policies, including the Resident Bill of Rights, Resident Rules, Fee Schedule, Medication Policy, and Grievance Policy, and will sign a Resident Attestation.
- _____ I understand residency costs \$1,350 per month plus a \$1,350 move-in deposit.

These authorizations are valid for 90 days from the date I sign. I may cancel them in writing at any time.

15 SIGNATURE

I certify that the information on this form is true and complete to the best of my knowledge. I understand that providing false or incomplete information may affect my eligibility for residence at West Concord Board and Lodge.

APPLICANT SIGNATURE

DATE

PRINTED NAME

RETURN THIS FORM

BY EMAIL

Scan and send to
hello@mnsobber.living

BY MAIL

West Concord Board and Lodge
520 State St
West Concord, MN 55985