

The Mantooth House Sober Living House

You are required to write a brief bio letter at the end of this application.
We want to know who you are, where you came from, and where you want to go in life.
This section is required to process application.
If you have trouble writing, get help, or let us know.

Name: _____ Today's date: _____

SS#: _____ DOB: _____ Marital Status: _____

State ID/Driver's License #: _____ State Issued: _____

Ethnicity: _____ Are you pregnant? YES / NO Veteran? YES / NO

Current Contact Phone: _____

How did you hear about The Mantooth House?: _____

Are you receiving benefits? YES / NO What? _____

Why? _____

Current Living Situation (check one):

Streets	Shelter	Detox	Jail/Prison
Rental Housing	Transitional Living	Hospital	Family

Name of current housing contact: _____

Current Address: _____

Are you in the process of family reunification? YES / NO

Explain: _____

Do you have children? YES / NO Age(s): _____ Sex(s): _____

Are you paying Child Support? YES / NO If yes, amount: _____

In case of Emergency notify:

Name _____ Relationship _____

Phone _____

If applicable, have you enrolled in any services while in Prison that will continue after you are released? YES / NO

What service/program? _____

What agency? _____ Begin Date: _____

Are you willing (YES / NO) and capable (YES / NO) of working 40 hours a week of gainful employment?

What are your desired employment goals (Type of work, pay, etc)? What do you ENJOY doing?

ALCOHOL AND DRUG USE

Drug of choice:

List names and dates of all treatment programs, Shelters, Domestic Violence shelters and Halfway Houses attended.

Are you willing to attend the required number of 12-step Recovery Meetings each week? YES / NO

If attending a 12 Step Group, are you willing to work with a 12-step sponsor each week? YES / NO

How many attempts have you made to get clean and sober in the past? _____

Most clean/sober time attained? _____

Alcohol and Drug Use

Substance	Frequency of Use	Age First Used	Route (oral, smoke, inhaled, injected, other)
Alcohol			
Marijuana			
Cocaine or Methamphetamine			
Heroin			
Spice/Molly			
Pharmaceuticals			

EMPLOYMENT HISTORY (List Most Recent Employer First)

Employer Name	Phone	Date Started	Date Ended	Position	Supervisor Name	Pay Rate

EDUCATION HISTORY

Education Completed: (check all that apply)

High School GED Vocational School Junior College

University Other _____

2 YEAR HOUSING HISTORY

Prior Living Situation	Pay Rent	Where (City/State)	When (Start-End)	Reason Left
	Y/N			
	Y/N			
	Y/N			

	Y/N			
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BRIEF MEDICAL HISTORY

Are you under a physician's care? YES / NO If yes, why?

Name of Doctor: _____ Phone: _____

Agency: _____

List ALL Medications Prescribed:

Will your doctor prepare a work release letter? YES / NO

List ALL past and current Physical issues:

List ALL past and current psychiatric issues:

Are you under the care of a behavior health facility? YES / NO

If yes, explain:

Date: _____ Where: _____

Have you ever attempted suicide? YES / NO

Date(s): _____ Reason: _____

LEGAL HISTORY:

Do you have current charges? YES / NO If yes, what? _____
If yes, next court date: _____

Are you a parole violator? YES / NO Reason for Violation: _____

Anticipated Release Date: _____

Are you on supervision? (select one)

Direct Regular Parole Fed Probation No Supervision

Agency: _____

PO Name _____ Phone: _____

Office Location: _____

Do you have court fines? YES / NO How much? _____

Do you have community service? YES / NO How many hours? _____

Have you ever been arrested for any sex crimes? YES / NO

If yes, explain: _____

List all arrests, convictions, sentences, prior prison or jail commitments and probation history. (list places and dates – use back of this paper if needed)

VERIFICATION :

Application forms require this information to process. Who can we call to verify this application? (select one)

Parole/Probation Public Defender Attorney Case Manager Pretrial
Vet Rep Other

Name _____ Fax (____) _____

Phone # _____ Email: _____

Did you read the Mantooth House Policy & Procedure? YES / NO

Are you clear on what is expected of you? YES / NO

By signing below I provide The Mantooth House and it's affiliates authorization to share information included in this application with relevant legal and medical agencies:

(Sign here) _____ Date _____

All information on this application is true to the best of my ability:

Client Name (Print) _____

Client Signature _____ Date _____

Resident Bio-Letter

Use back of page if needed.

Please tell us about yourself (your likes & dislikes, etc) :

Please tell us why you believe staying at The Mantooth House will help you:

What abilities do you possess that will help you be successful at The Mantooth House:

What are your reasons for applying to live at The Mantooth House:

What actions are willing to take in order to accomplish the goal of building a sober lifestyle:

What does following instructions and willingness mean to you?

What are you unwilling to give up or change for your sobriety?