**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 (circle one):

Streets Shelter Detox Jail/Prison

Rental Housing Transitional Living Hospital Family

Name of current contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ALCOHOL AND DRUG USE**

Drug of choice:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: (circle 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** |  |  |  |

**BRIEF MEDICAL HISTORY**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List ALL Medications Prescribed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

List ALL past and current Physical issues:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List ALL past and current psychiatric issues:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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? (circle 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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**VERIFICATION :**

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