

# Enfield Recovery House LLC

36 Pleasant Street, Enfield CT.

Mailing Address: PO Box 214 Suffield CT. 06078

Phone (860) 741-6595 Fax (860) 741-7653

**\*read carefully ANSWER ALL QUESTIONS ON FORM or put N/A**

Date: / / **CONFIDENTIAL APPLICATION**

1. Print Name (Last, First, Middle)		3. Date of Birth Month / Day / Year	4. Social Security Number / Lic. Number S.S.N. LIC. #
2. Present address (Street, City, State) Check <input type="checkbox"/> if treatment facility		5. All Phone #'s Where You Can Be Reached Cell- Home-	
6. Marital status [Check One] <input type="checkbox"/> Married, <input type="checkbox"/> Never Married, <input type="checkbox"/> Separated, <input type="checkbox"/> Divorced		7. Referring Agency (Please include <u>telephone</u> ):  Counselor:	

### 8. Substance Abuse History

Please check all problem substances; indicate **Drug(s) of Choice "DOC"**; please indicate how each substance is used (e.g.; drink, smoke, I.V.); also, please indicate how much, how often, and for how long each substance has been used at the peak of your addiction cycle

SUBSTANCE	DATE OF LAST USE	DOC	How used; how much; how often; and for how long
<i>Alcohol</i>			
<i>Marijuana</i>			
<i>Cocaine</i>			
<i>Heroin</i>			
<i>Abused Prescription Medications</i>			
<i>Other</i>			

9. When did you attend your first AA or NA meeting?	10. How many AA/NA meeting do you now attend each week?
11. Do you want to stop drinking alcohol and using addictive drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>	12. Are you willing to go to any length to get and stay sober and clean? Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" who is your employer?	14. Do you have a medical doctor? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" list the doctor's name and phone number:
15. Have you ever been to a treatment facility for alcoholism and/or drug addiction? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" list the treatment provider, phone number and primary counselor, if any.	16. Do you take prescription drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" list <b>ALL</b> drugs and <b>reason</b> the drug has been prescribed.

<p>17. <b><u>Date of move in:</u></b> Immediately <input type="checkbox"/> Other <input type="checkbox"/>-- If "other" list the date you would want to move in, if accepted, and reason the date is in the future rather than immediately. Date: _____ Reason: _____</p>	
<p>18. <b><u>Legal History:</u></b> <i>LIST ALL</i> Past Legal Issues: Please indicate any past charges, convictions, prison sentences, DWI, probation's, paroles, etc.</p>	
<p>19. <b><u>Current Legal Issues:</u></b> <i>LIST ALL</i> Current charges, court cases, probation that you are facing presently. <b><i>Include name, and telephone number of any probation / Parole officer following your case.</i></b></p>	
<p>20. <b><u>Psychiatric Treatment History</u></b> -<i>Applying clients with dual diagnoses and/or who take psychiatric medications are not disqualified.</i> Have you ever been treated for a psychiatric condition (e.g.; depression, anxiety, bipolar disorder, psychotic behavior, schizophrenia, etc.)?</p>	
<p>21. Do you think you need to be treated for a psychiatric condition? (If so, please describe why.)</p>	
<p>22. Do you currently take medication for a psychiatric condition? If "Yes", please indicate what medication is being taken, the dosage, and the prescribing doctor.</p>	
<p>23. Have you ever seriously thought of, planned, or attempted suicide? How recent?</p>	
<p>24. <b><u>Medical/Physical Condition:</u></b> Do you have any medical or physical conditions, limitations or complications?</p>	
<p>25. <b><u>Employment History/Financial Resources:</u></b> Are you able to hold 40 hours per week of employment?: Yes _____ No _____ Please list the kinds of jobs you have held most.</p> <p>Are you on SAGA ,disability, pension, or other form of non-job related income?: Yes _____ No _____ If "yes", please list.</p>	
<p>26. If you do not have a job will you get one? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>27. If "yes" in question 26 what job plans do you have?</p>
<p>28. What is your <u>monthly</u> income right now? \$ _____</p>	<p>29. What do you expect your monthly income to be next month? \$ _____</p>
<p>30. Have you ever lived in a Sober House before? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes," provide the name and location of the Sober House(s) below.</p>	
<p>31. [Answer this question if the answer to question 30 was "yes."] I left the previous Sober House for the following reason: [check one] <input type="checkbox"/> relapse, <input type="checkbox"/> voluntarily, <input type="checkbox"/> other reason(s) _____</p>	

32. Emergency Telephone Numbers. [ List family doctor, if you have one, family members or friends ]		
Name and Address	Relationship	Telephone
1-		
2-		
3-		

### 33. House Rules & Regulations

1. No alcohol, drug use or possession, (including prescription drugs not allowed in house, narcotics, tranquilizers etc.).
2. Must submit to alcohol and drug testing on demand.
3. No threats, violence, stealing, disruptive behavior or dishonesty will be tolerated.
4. Curfew of 11:00 PM Sunday – Thursday, and 1:00 AM Friday & Saturday. (11:00 PM for first 30 Days)
5. A *minimum* of (5) five meetings per week, on (5) five different days.
6. (3) Three-month minimum commitment to reside at the sober house.
7. No overnight guests in the house. All guests must stay in common areas (living room and kitchen). All guests must leave by 11:00 PM.
8. No overnight absences from the house for the first (30) thirty days. Limit of four *approved by management* overnight absences per month thereafter.
9. Each resident must complete their assigned chores and keep their personal areas clean; rooms may be inspected/ searched buy management without notice.
10. Upon moving in, a total of \$235.00 is *required* at move-in, this is your first weeks' rent, plus a \$100.00 security deposit. \$135.00 must be paid by 6:00 PM every Thursday thereafter, in advance for week Friday through Thursday.
11. All residents are required to attend the relapse prevention group and house meeting 7:00pm Tuesday night and meeting 7:00pm Thursday night at the house.
12. All residents must have a job within 2 weeks of their arrival at the house. The job must be first shift. (*Unless other arrangements have been approved by management*)
13. Any resident's cars must be fully registered and insured. (On street parking)
14. A written, two-week advance notice of your departure is required in order to have your security deposit returned. Note: This provision is not waived for people asked to leave for violating house rules
15. No smoking allowed in house. Residents are requested to not bring valuable or sentimental items to the house.
16. Not reporting that someone is using is grounds for discharge.

**I have read the preceding rules and I understand that violation of any of these rules is grounds for immediate termination of residence at Enfield Recovery House.**

34. Briefly explain what you expect to *gain* from becoming a member of Enfield Recovery House.  
Briefly explain what you can *offer* Enfield Recovery House and its present group of residents.

35. **As a further condition to be allowed to be a resident at Enfield Recovery House, LLC which is zoned a legal rooming house (hereinafter referred to as "Boarding House"), the Resident agrees to be bounded by the following terms and conditions:**

1. Resident acknowledges that his/her occupancy at the Boarding House shall be deemed a transient occupancy of said Boarding House and that neither the occupancy of the Boarding House nor the terms and conditions of this Agreement create any type of landlord/tenant relationship.
2. Resident acknowledges that the purpose of Boarding House is to provide a temporary place to live on a week to week basis which will encourage and support the recovery of the Resident.
3. The Boarding House shall have a "boarding house keeper's lien" pursuant to Connecticut General Statutes Section 49-68 against all of the Resident's baggage and personal affects kept by the Resident at the Boarding House to secure sums that the Resident owes the Boarding House for his/her occupancy at said Boarding House. If at any time the Resident fails to pay the Boarding House the occupancy rent when due, the Boarding House shall be allowed to keep such baggage and personal effects, and if not paid within sixty (60) days of when payment is due, shall have the right to sell such property and apply the proceeds to the payment of the amount owed.
4. Resident acknowledges that his/her failure to pay the occupancy rent when due is a violation of Connecticut Criminal Statutes Section 53a-119, subsection 7, and the Boarding House shall have the right to make out a complaint to the local police for violation of said Statute."

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

1. **Take completed application** and either Fax to **(860-741-7653)**, email to [enfieldrecoveryhouse@cox.net](mailto:enfieldrecoveryhouse@cox.net) , or mail to: Enfield Recovery House PO Box 214 Suffield, CT 06078
  2. **Call Enfield Recovery House** to schedule an interview at **(860-741-6595)**.
- NOTE: It is the responsibility of applicant and/or the referring counselors to schedule the interview appointment. (In most situations a phone interview is acceptable)**