

PHASE II
DISCOVERY HOUSING APPLICATION

MALE:

FEMALE:

App. Date: _____

Last Name: _____ First Name: _____ DOB: _____

Current Residential Address: _____ City: _____

State: _____ Zip Code: _____

Telephone number to be reached at: _____

How long have you been sober from alcohol and/or other drugs? _____

Drug of Choice (all that apply): _____

Are you currently receiving substance abuse treatment? YES NO

Are you currently on Medication Assisted Treatment (MAT)? YES NO

Do you have children under the age of 18 that currently live with you? YES NO

Are you a registered sex offender? YES NO

Have you ever been charged with a sex offense or Arson? YES NO

Have you ever lived in a Recovery House or Recovery Facility? YES NO

Are you employed and or are employable 40 hours a week? YES NO

Are you Disabled and on SSI or SSD? YES NO

Are you employed under SSI or SSD 20 hours a week? YES NO

Do you have the ability to pay rent? (\$125 per week) YES NO

Please describe your current living situation: _____

Why do you like to access Phase II of CAM's Discovery Program? _____

Applicant Signature: