

POLLY'S PLACE - RESIDENT APPLICATION FORM

Application Date:

First Name: Last Name:

DOB:

Current Residential Address:

City: State: Zip Code:

County of residence:

Telephone number to be reached at:

Email:

Do you have a valid Driver's License: YES NO

 If YES, please provide your Driver's License Number:

State ID/ License Number, if any:

Do you have your own transportation? YES NO

Vehicle license plate number, if any:

Do you have health insurance? YES NO

 If YES, what insurance?

Do you have any handicap/ accessibility needs? YES NO

What is your highest level of education?

Emergency contact person's name:

Emergency contact person's relationship to you:

Emergency contact phone number:

Please circle all that apply to you:

 I have a pending court case

 I am on probation

 I am on post release control (parole)

 I have a criminal history

Probation/ parole officer name and phone number:

Have you ever served in the military? YES NO

Do you have a significant other? YES NO

Do you have children? YES NO

 If YES, how many?

Do you have custody of your children?	YES	NO
Do you have children under the age of 18 that currently live with you?	YES	NO
Are you in recovery from alcohol and/or other drugs?	YES	NO

If so, how long have you been in recovery from alcohol and/or other drugs?

Substance of Choice (circle all that apply):

Alcohol

Marijuana

Prescription Pills – Oxycodone

Prescription Pills – Percocet

Heroin

Fentanyl

Suboxone/Subutex

Cocaine

Methamphetamines

Amphetamines

Stimulant Based ADHD Medications (Adderall/Ritalin)

Ecstasy

MDMA/Molly

K2 Spice

Bath Salts

Xanax

Valium

Klonopin

Phenobarbital

Hallucinogens

Inhalants

Over the Counter Medication

Other:

Are you currently receiving substance abuse treatment?	YES	NO
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Are you currently on Medication Assisted treatment?	YES	NO
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If YES, what form of Medication Assisted Treatment?

Do you need assistance in accessing substance abuse treatment?	YES	NO
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Would you like us to play an active role in your treatment process?	YES	NO
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If YES, Release of Information Form shall be completed by the resident.

Are you a registered sex offender?	YES	NO
Have you ever been charged with a sex offense?	YES	NO
Have you ever been diagnosed with a mental illness?	YES	NO
If YES, when and what was the diagnostic?		
Are you currently on any mental health medications?	YES	NO
If YES, what medication?		
Do you currently have any health problems that we should be aware of?	YES	NO
If YES, what health problems?		
Are you taking any medication for your health problems?	YES	NO
If YES, what medication?		
Have you ever lived in a Transitional/Recovery House?	YES	NO
Are you employed?	YES	NO
If YES, Employer Name:		
Number of work hours per week:		
Do you need assistance finding employment?	YES	NO
Do you have the ability to pay rent?	YES	NO
(\$50 per week the first 90 Days (starting 3rd Monday of stay))		
(\$60 per week the first 90 Days (starting 12 th Monday of stay))		
Would you engage in developing a transitional plan and update it as needed?	YES	NO
Describe your relationship with your family:		

Describe your current living situation:

How do you feel about sharing a living space with other individuals?

What are your short-term and long-term goals?

What helps you stay sober? (if applicable)

What are your expectations of Polly's Place?

What would you like assistance with from Polly's Place staff?

How could you provide peer support and or mutual aid to other residents?

The Polly's Place (PP) provides an alcohol and drug-free living environment, peer support and connection to recovery assistance for women ages 18 and over. Polly's Place is a recovery-focused, safe, clean and sober living environment for the women who reside in the home. Polly's Place collaborates with multiple community partners to assist residents in strengthening their ability to find stable housing. Staff and volunteers interact with residents and activities are designed in a way to support a life in recovery. Discussions about long-term goals and housing plans are expected. These rules and handbook are designed to support residents in their recovery process while residing at the Polly's Place.

Applicant Signature: _____

To Be Completed By Staff:
Date Application Was Received:
Date Interview Scheduled For:
Comments:
Staff Signature: