CEDAR RISE RECOVERY HOUSE

RECOVERY HOUSING APPLICATION

Please complete all applicable sections. Information is used to help determine housing needs and appropriate support.

SECTION 1 | PERSONAL INFORMATION

Full Name _____

Date of Birth _____

Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say

Phone Number _____

Email Address _____

Current Address _____

Emergency Contact (Name & Phone) _____

SECTION 2 | RECOVERY BACKGROUND

Are you currently recovering from substance use? ☐ Yes ☐ No

Date of last use (if applicable) _____

Current recovery supports (check all that apply):

- ☐ Peer Recovery Coach
- ☐ 12-Step / NA / AA
- ☐ Treatment Program
- ☐ Faith-Based Support

Other _____

Have you previously lived in recovery housing? ☐ Yes ☐ No

If yes, where? _____

SECTION 3 | HEALTH & WELLNESS

Do you have any medical conditions we should be aware of? ☐ Yes ☐ No

If yes, please describe _____

Are you currently prescribed any medications? ☐ Yes ☐ No

List _____

Do you require assistance managing medications? ☐ Yes ☐ No

Do you have a mental health diagnosis? ☐ Yes ☐ No

If yes, please list (optional) _____

SECTION 4 | LEGAL & REENTRY INFORMATION

Are you currently on probation or parole? ☐ Yes ☐ No

Probation/Parole Officer Name & Contact _____

Do you have restrictions that may affect housing (e.g., sex offender status, curfew)? ☐ Yes ☐ No

If yes, explain _____

SECTION 5 | EMPLOYMENT & LIFE SKILLS

Current Employment Status: ☐ Full-Time ☐ Part-Time ☐ Unemployed ☐ Student

Other _____

Employer/School (if applicable) _____

Job Skills or Interests _____

Do you need help with (check all that apply):

- ☐ Employment Readiness
- ☐ Education/GED
- ☐ Budgeting/Finance
- ☐ Transportation

Other _____

SECTION 6 | HOUSING NEEDS & GOALS

Why are you seeking housing currently?

_____

_____

What are your short-term recovery goals (first 30-90 days)?

_____

_____

What are your long-term recovery/life goals?

_____

_____

_____

SECTION 7 | AGREEMENTS

By signing below, I affirm that the information I have provided is true and complete to the best of my knowledge. I understand that We R 4 Unity 2 Services provides recovery-focused, peer-led housing and support, and I agree to abide by all program rules and guidelines if accepted.

Signature: _____ Date: _____

Staff Intake Completed By: _____