

RECOVERY HOUSE APPLICATION

Community & Family Resources

211 Ave M West

Phone 515-576-7261

Fax 515-955-7628

Full Name: _____

Date of Birth: _____

Age: _____

Application Date: _____

Current Counselor (if applicable): _____

Select Location:

_____ Fort Dodge Men's Recovery House

_____ Fort Dodge Women's Recovery House

_____ Fort Dodge Men's Blessing House (Transitional Housing)

_____ Fort Dodge Women's Gisch House (Transitional Housing)

_____ Fort Dodge Women's Serenity House (Transitional Housing)

_____ Webster City Men's Recovery House

_____ Des Moines Women's Bernie Lorenz Recovery House

1. Tell us what you have accomplished and/or hope to accomplish during your time in Residential services or in most recent treatment setting?

2. Why should you be considered for the recovery house?

3. What will your treatment goals be (new and/or ones you will continue to work on)?

4. Do you have safe temporary or permanent housing? Please explain.

5. What is your "Plan B" for housing options if CFR's Recovery House is full (or there is a waiting list)?

6. Transportation must be arranged prior to admittance to CFR's Recovery House services. CFR does not provide bus tokens or transportation funds, how will you get around and pay for your transportation?

7. CFR's Recovery House residents are required to gain or resume employment, and/or enroll in an educational program, or volunteer if not able to work. Please tell us about your job skills and/or work experience? Where will you look for work? What type of work? Please list at least 5 potential employers you will apply with. Be specific, including location.

8. Who is in your support network and what part do they play in your treatment/recovery?

9. List 3 sober supports/people to hold you accountable

10. What are your plans for your recovery environment (where will you spend your free time, who will you spend it with, etc.)?

11. As a recovery house resident, what strengths will you bring to the house?

12. Please let us know of your mental health diagnosis or diagnoses (more than one) and who is your provider? Write "none" if you do not have any mental health diagnosis.

13. Please let us know of any medical issues you have and who is your provider? Write "none" if you do not have any medical issues/concerns.

14. Please explain any specific medical or health needs. Please include any allergies to medications and/or food. Write "none" if you do not have any medical or health needs.

15. Are you currently on any medications?

Yes

No

a. If so, what are they? _____

16. What motivated you to come to treatment?

17. How will you stay motivated in recovery/treatment?

18. Where will you live after you have completed Recovery House services?

19. Do you have any previous AA/NA (or other 12 Step program) experience?

a. Do you have a 12 Step sponsor?

Yes

No

20. Are you under a civil commitment?

Yes

No

21. Are you court ordered?

Yes

No

22. Are you on Federal Probation/Parole or Federal Pretrial Release?

Yes

No

a. If so, who is your
P.O.?

23. Are you on State Probation/Parole or Pretrial Release?

Yes

No

a. If so, who is your
P.O.?

24. Do you have an
active warrant for your
arrest?

Yes

No

25. Do you have DHS involvement?

- Yes
- No

**a. If so, who is your
DHS worker?**

26. Please add any additional information that you would like to include with this application.