

Recovery House
243 NW 4 Terrace
Ocala, Florida 34475

Application for Residency

Please Note: False Information Is Sufficient Cause for Expulsion

Name: _____

Valid Driver License? **Yes** or **No** If So: _____

Date: _____ Date of Birth: _____

Cell/Phone: _____

Who Should We Contact In Case Of Accident Or Serious Illness?

Name: _____ Relationship: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Health Status

Any Medical Issues (Physical or Mental) That May Affect How You Earn Your Living?

Are You Any Medications And What Are You Taking? **Yes** or **No**

Rate Your Health Circle One: Poor / Fair / Good

When Was the Last Time You Have Seen A Physician? _____

Please List All Felony Convictions Including When and Where It Occurred.

Are You Currently On Parole or Probation or Community Control Or House Arrest? Yes Or No

Dependency History

Drug of Choice: _____

List of Last Drugs Used and How Long

Have You Ever Been in Treatment And Where If So? Yes or No

When Did You Last Drink? _____

Have You Ever Been Affiliated With AA Or NA? _____

If So, Do You Have A Sponsor? _____ Name? _____

Personal History

Are You Single ___ Married ___ Separated ___ Divorced ___

Do You Have Children? **Yes** or **No**

Have You Supported Yourself In The Past? **Yes** or **No**

Are You Currently Employed? **Yes** or **No**

Education History

Last Year Completed: _____

Did You Complete High School? **Yes** or **No**

You Go To Technical Or College? **Yes** or **No**

Why Do You Want To Come The Recovery House?

How Long Do You Expect To Stay At The Recovery House?

Stop! The rest to be completed when personally interviewed.

Instructions:

1. Save document to your computer/device.
2. Email completed document as an attachment to:
Recoveryhouseofocala@outlook.com
3. You will be Contacted.

To Be Completed By Staff

Reviewers Notes/Comments: _____

Approved / Not Approved (Circle One)

Name: _____ Date: _____

Recovery House Guest Agreement

Whereas, Recovery House Inc. Offers a Structures Living Environment for Recovering Victims of Substance Abuse And

Whereas, Undersigned Is Desirous Of the Services Offered By Recovery House Inc.,

Now Therefore, In Consideration Of the Foregoing, The Parties Agree As Follows:

1. The Undersigned Guest Has Read and Received A Copy Of The Recovery House Rules, Procedures, and Policies.
2. The Guest Understands That Violation of a Cardinal Rule May Subject the Guest to Immediate Expulsion, Further, That The Violation of General And Or Important House Rule Can Result In An Adverse Disciplinary Report to the Board of Directors And May Ultimately Lead To Expulsion.
3. The Guest Understand That His Weekly Contribution To The Recovery House Is Made In Arrears of the Service Rendered And Therefore the Guest Has No Rights Under Florida's Residential Landlord Tenant Law.
4. The Guest Agrees To Abide By the Current Rules and Regulations And Such Others As Are Duly Promulgated By the House Manager. Or Board Of Directors of Recovery House Inc.,

Signed and Sealed This ____ Day of _____ 20 __

Witness

Guest