
How long has this been a problem? _____

Do you believe you are addicted to alcohol or drugs? Yes No Unsure Please explain:

Drug and Alcohol History:

How long has it been since you last used alcohol or drugs? _____

What did you use? _____

Describe your pattern of drug and alcohol use in the last 60 days? _____

What is your drug of choice? _____

How many times have you attempted to achieve recovery? _____

What's the longest period of sobriety you have had? _____

What has been most helpful in your past recovery attempts?

- 12-step program Friends Self
 Church/Faith Family Other _____

Treatment History: Have you ever received alcoholism/drug addiction treatment Yes No

Facility:	City/State:	Date:	Was treatment completed?
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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have a 12-step sponsor? Yes No

If yes name: _____ phone _____

Are you currently in an in-patient treatment facility? Yes No If yes where? _____

Expected release date? _____

Are you currently in an out-patient treatment facility? Yes No If yes where? _____

Counselor name and phone? _____

If not, have you made contact with any out-patient treatment facilities? Yes No If yes where?

Are you incarcerated, at work release, or on home monitoring HME, Yes No If yes where?

_____ How can we contact you? _____

Legal Status:

Are you currently involved in any of the following legal matters? Yes No

Probation Civil Proceedings Child custody Drug Court Family Treatment Court

Are you now or will you be a registered sex offender? Yes No level: _____

Any court appearances pending? Yes No If yes, when and where? _____

Active warrants? Where? _____

Is your driver's license valid? If not, explain: _____

Home much tiome have you spent in : Prison? _____ Jail: _____

List all prior convictions 10 years ago to present (use a separate page if necessary):

Conviction:	Dates(s):	Time served:
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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DOC / Probations Officer's Name: _____ Phone: () _____

Financial Status:

Our program fees range from \$300 - \$700 per month with a \$150 move in fee.

How much will you be able to pay on move-in? _____

What is your monthly income? _____ Source? _____

Other financial resources (family etc.) _____

Medical History

Describe past and present physical and mental health challenges (include hospitalizations, major accidents, illness, mental health diagnoses). Use a separate page if more room is needed.

Have you ever had convulsions or seizures? Yes No If yes date(s): _____

If yes, were they related to alcohol / drug use, abuse, detox? Yes No

Do you have chronic pain? Yes No If yes what do you take for pain? _____

Please list all current medications and the reason you are taking them (use a separate page if needed):

Medication	Reason	Dosage	Date started
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any allergies to food, medication, or other: _____

Are you currently experiencing pain or having a hard time functioning?

_____ Yes, and I'm afraid I might relapse soon.

_____ Yes, and I'm worried about future relapse.

_____ Yes, but I'm not in any immediate danger of relapse. I just want to lower my risk.

_____ No, I'm not experiencing any pain or trouble functioning, and I'm not worried about the immediate risk of relapse.

Are you currently under the care of a: MD Psychiatrist Psychologist Therapist/Counselor

If so, may we contact them? Yes No

Name: _____ Phone (____) _____

Name: _____ Phone (____) _____

Are you currently involved in a relationship? Yes No

If yes, describe your relationship with your spouse / significant other?

Do you have children? Yes No If yes list names and ages

Name

Age

Name	Age
<hr/>	<hr/>
<hr/>	<hr/>
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Education: Highest grade achieved: _____ List any special training you have:

Spiritual: Describe your current spiritual beliefs:

What are your goals? Write a description of what you would need to reach these goals:

What are strengths you bring to the Alpha House community?

Is there any other information that you believe we need to know in determining our program's suitability to meet your needs?

Alpha House LLC Acceptance Criteria:

Male only facility

30 days minimum sobriety

Agrees to the house rules and policies as disclosed

Successfully completes an initial interview and is deemed an acceptable tenant

I certify that I have completed the Alpha House LLC program application to the best of my ability, and as truthfully as possible. I give permission for Alpha House LLC to conduct a criminal background check and to use the results of the application process, and I give permission for Alpha House LLC staff to contact any individuals listed on this form.

Applicant's signature

Date

Please mail, or email, or fax (notify in advance for faxes) this application to:

Attn: Alpha House LLC
6 S 2nd Street, Suite 402
Yakima, WA 98901-2629

thebigbry@gmail.com

cell (509) 453-7203