Alpha House Application

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- Alpha 1: 802 Spruce, Yakima WA 98901, phone 509-902-1152
- Alpha 2: 910 Pacific Avenue #1, Yakima WA 98901, phone 509-424-3851
- Alpha 3: 908 Pacific Avenue #2, Yakima WA 98901, phone 509-895-7403
- Alpha 4: 908 Pacific Avenue #1, Yakima WA 98901, phone 509-895-7706
- Alpha 5: 910 Pacific Avenue #2, Yakima WA 98901, phone 509-225-9200
- □ **Alpha 6:** 1222 S 12 Avenue, Yakima WA 98902

Confidential

Name:			
First	Middle	Last	
Address:			
Phone:	Date of birth: _		
Emergency Notification	- name:	Relationship:	
Employment status			
Present employer		Phone	
Occupation		How Long?	
Previous employer			
Who referred you to Alp	bha House?		_
References – Please pro	vide two with contact inform	mation	
Name	relationship	phone	
Name	relationship	phone	
Why are you seeking clear	n and sober housing?		

How long has this bee	en a problem?			
Do you believe you ar	e addicted to alcoh	ol or drugs?	🗆 Yes 🗆 No	□ UnsPlease explain:
Drug and Alcohol His	tory:			
How long has it been	since you last used	alcohol or dr	ugs?	
What did you use?		-		
Describe your patterr	n of drug and alcoho	l use in the la	ast 60 days?	
What is your drug of o	choice?			
How many times have	e you attempted to	achieve reco	very?	
What's the longest pe	eriod of sobriety you	ı have had? _.		
What has been most	helpful in your past	recovery atte	empts?	
🗆 12-step program	□ Friends	🗆 Se	lf	
Church/Faith	□ Family	🗆 Ot	her	
Treatment History: +	lave you ever receiv	ed alcoholis	m/drug addict	ion treatment \Box Yes \Box No
Facility:	City/Sta	te:	Date:	Was treatment completed?
				Yes 🗆 No
				Yes 🗆 No
				Yes 🗆 No
				Yes 🗆 No

Do you have a 12-step sponsor? \Box Yes \Box No

If yes name:	phone	
Are you currently in an in-patient trea	atment facility? \Box Yes \Box No If yes where?	
Expected release date?		
Are you currently in an out-patient tr	eatment facility? \Box Yes \Box No If yes where?	
Counselor name and phone?		
If not, have you made contact with a	ny out-patient treatment facilities? \square Yes \square No	If yes where?
Are you incarcerated, at work release	e, or on home monitoring HME, \Box Yes \Box No If ye	es where?
	How can we contact you?	
Legal Status:		
Are you currently involved in any of t	he following legal matters? Yes No	
\Box Probation \Box Civil Proceedings \Box	Child custody Drug Court Family Treatment	Court
Are you now or will you be a register	ed sex offender? 🗆 Yes 🗆 No level:	
Any court appearances pending? \Box `	Yes \Box No If yes, when and where?	
Active warrants? Where?		
Is your driver's license valid? If not, e	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:
DOC / Probations Officer's Name:	Phone: ()
Financial Status:		
	\$700 per month with a \$150 move in fee.	
How much will you be able to pay on		
	Source?	
)	

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 c	onvulsions or seizures? \Box Yes	□ No If yes date(s):	
If ye	s, were they related to alcoho /	drug use, abuse, detox? 🗆] Yes 🗌 No
Do you have chronic	pain? 🗆 Yes 🗆 No If yes what	do you take for pain?	
Please list all curren	t medications and the reason yo	u are taking them (use a se	parate page if needed
Medication	Reason	Dosage	Date started
List any allergies to f	ood, medication, or other:		
List any allergies to f Are you currently ex	food, medication, or other:	time functioning?	
List any allergies to f Are you currently ex Yes, a	food, medication, or other: periencing pain or having a harc and I'm afraid I might relapse so	time functioning? on.	
List any allergies to f Are you currently ex Yes, a Yes, a	food, medication, or other: periencing pain or having a harc and I'm afraid I might relapse so and I'm worried about future rel	time functioning? on. apse.	
List any allergies to f Are you currently ex Yes, a Yes, a Yes, b	food, medication, or other: periencing pain or having a harc and I'm afraid I might relapse so and I'm worried about future rel but I'm not in any immediate da	time functioning? on. apse. nger of relapse. I just wan	t to lower my risk.
List any allergies to f Are you currently ex Yes, a Yes, a Yes, l	food, medication, or other: periencing pain or having a harc and I'm afraid I might relapse so and I'm worried about future rel	time functioning? on. apse. nger of relapse. I just wan	t to lower my risk.
List any allergies to f Are you currently ex Yes, a Yes, a Yes, l No, l No, l	food, medication, or other: periencing pain or having a hard and I'm afraid I might relapse so and I'm worried about future rel but I'm not in any immediate da 'm not experiencing any pain or	time functioning? on. apse. nger of relapse. I just wan trouble functioning, and I'n	t to lower my risk. m not worried about
List any allergies to f Are you currently ex Yes, a Yes, a Yes, l No, l the Are you currently ur	food, medication, or other: periencing pain or having a hard and I'm afraid I might relapse so and I'm worried about future rel but I'm not in any immediate da 'm not experiencing any pain or immediate risk of relapse.	time functioning? on. apse. nger of relapse. I just wan trouble functioning, and I'n	t to lower my risk. m not worried about
List any allergies to f Are you currently ex Yes, a Yes, f Yes, f No, f the Are you currently ur If so, may we	food, medication, or other: periencing pain or having a hard and I'm afraid I might relapse so and I'm worried about future rel but I'm not in any immediate da 'm not experiencing any pain or immediate risk of relapse. ader the care of a: \Box MD \Box Psy	time functioning? on. apse. nger of relapse. I just wan trouble functioning, and I'n chiatrist	t to lower my risk. m not worried about] Therapist/Counselor

Do you have children? \Box Yes \Box No $$ If yes list names and ages	
Name	Age
Education: Highest grade achieved: List any specie	al training you have:
Spiritual: Describe your current spiritual beliefs:	
What are you goals? Write a description of what you would need to reach	n 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 deterr suitability to meet your needs?	mining 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 Please mail, or email, or fax (notify in advance for faxes) this application to: Date

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

thebigbry@gmail.com cell (509) 453-7203