

Winterberry Application for Housing

Winterberry is a transitional living program which serves adult males recovering from alcohol and other drugs that need a supportive place to live while embracing life in recovery. We focus on building a foundation of recovery through continued work in a 12-Step program and developing life-skills and relapse prevention strategies needed for long-term recovery.

1. Name:		2. Phone Number:	
3. Mailing Address		4. Date of Birth:	
5. Social Security Number: <i>(Must be provided for completion of background checks)</i>		6. Emergency Contact	
7a. Address for Emergency Contact		7b. Emergency Contact Phone Number	() -
8. Number of days sober and free from using mind altering substances		9. What substances have you used?	_____

10. When was the last day you used Mind altering substances?		11. How much did you use?	
12. Have you ever completed a Substance use program: When, Where, long-term, short-term <i>(30 days to 3-months = Short-Term Greater than 3 months = Long-Term)</i>	_____		

13. Where have you lived in the past Year?	_____		
14. Current Income?		15. Employment (Current)	
16. If unemployed, how do you intend to pay for services?		17. Past Employment History	
18a. Do you have a Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18b. Do you have transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. List convictions for misdemeanors and felonies:	_____		

20. Are you currently on any form of Court supervision or under court Orders:	_____		

21 History of EPO/DVO?	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Have you ever been convicted of a sex offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do you have any pending charges or warrants for your arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Do you have any physical or mental health problems? If so, please list?	_____

25. List any current medications:	_____		

26. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		
27a. Do you have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
27b. Who is the Custodian?			
28. Do you have a history with Child Protection Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
29. Why do you think Winterberry is a good choice for you?	<hr/> <hr/> <hr/> <hr/>		
30. How will Winterberry best serve your recovery?	<hr/> <hr/> <hr/> <hr/>		
31. Do you have a sponsor and are you actively working a 12-Step Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	32. How many 12-step meetings do You attend per week?	
33. Are you involved in any additional services? (counselor, social worker, case management, etc.:			

Submit completed application to Winterberry, PO Box 1470, Hindman, KY 41822 or fax to (606 436-2467. You will be contacted within 2 weeks. Please note if accepted, a \$100.00 damage deposit is expected at the time of admission.

Staff use only:

Application Approved: _____ **Application Denied:** _____ **On Waiting List** _____

Staff Signature: _____ **Date:** _____