



Resident Application

We provide a nurturing, affirming, peer support environment in which people in recovery from substance use disorders can successfully pursue academic, personal, and professional goals for the purpose of enhancing their quality of life. This program is designed for women who have maintained a minimum of 30 days of abstinence from alcohol and drugs (unless prescribed), and are actively pursuing ongoing recovery in the Janesville area.

Application Date: _____ Circle: Male Female

Applicant Name: _____

Date of Birth: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Best Times to Call: _____

Email: _____

List all of the substances you have abused and recovery dates from each:

Substance	Sobriety date

CLEAN, SOBER & HEALTHY

What does recovery mean to you? Also, please explain how recovery plays a part in all areas of your life.



COMMITMENT TO ACADEMICS

How do you see academics enhancing your recovery and supporting your objectives?

School Attending/To Be Attended: _____

Admission Date/Course of Study/Credits per Semester:

Circle one (current status): FR SOPH JR SENIOR GRAD

CONNECTED IN YOUR COMMUNITY

How are you connected to your current recovery community (home group, treatment center, church fellowship, sponsor, etc)? How will you connect to the Janesville area recovery community?

EMPLOYMENT

Current employer:	Position:	Income:
Hours per week:	Shift:	Date of employment:

Volunteer Work, if applicable: _____

Frequency: _____ daily _____ weekly _____ monthly _____ sporadically

MEDICAL

Please identify any medical conditions that staff and/or other residents should be aware of or trained about in order to safely aid you in times of medical crisis. Please also identify any medical conditions that could potentially pose a threat to the health of others. This should include seizure disorders, diabetes, asthma, allergies, HIV/AIDS, Hepatitis, etc. Please also list any limitations due to disability or injury that may require special accommodations (i.e. physical



limitations, learning disabilities, brain injury, memory impairment, hearing impairment). The presence of a medical condition or physical/cognitive disability does not constitute ineligibility for services. We ask this information for support service purposes only.

MENTAL HEALTH

Please list any previous or current mental health diagnoses.

MEDICATIONS

Please list any current medications prescribed for medical, mental health or substance abuse needs, excluding anti-biotic treatments

Name of medication and dosage	Reason prescribed	Current or discontinued	Prescribing doctor



HOSPITALIZATIONS

Please list any medical or psychiatric hospitalizations in the past 3 years

Hospital/location	Dates/duration	Purpose of hospitalization	Discharged/completed or left AMA

ADDICTIONS TREATMENT

Please list providers (physician, counselor...) or treatment centers that provide(ed) service to you.

Name of provider and/or treatment center	Type of treatment (detox, residential, outpatient)	Dates of treatment	Treatment status (still involved, completed, withdrew)



CRIMINAL JUSTICE INVOLVEMENT

Please list type and dates of involvement (arrests, incarceration, probation, parole).

Charge	Status (open, closed)	Outcome (incarcerated, probation, etc)	PO Name/phone number

Resident Interests Inventory

This section is to help us understand areas of life where our potential residents would like community support, companionship, or learning opportunities through mentorships, classes, or the development of sober social clubs. Please circle all items that interest you.

Adventure/Extreme sports Animals Art Biking Camping/Hiking Car Repair/Mechanics Career Guidance Cooking Craftsmanship/Building/Construction Dance/Expressive Movement Do It Yourself Projects/Home Repair Environmental Concerns/Activism Financial Planning/Budgeting IT/Computers/Electronics	Music Personal Fitness Psychology/Self-Help Political Issues/Social Change Recovery Work Running School Help/Tutoring Sober Social Spirituality/Religion Activities Sports - Participatory Sports- Spectator Theatre Travel Volunteerism/Leadership Other hobbies :
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ELIGIBILITY REQUIREMENTS SURVEY	YES/NO
I am committed to my recovery and ongoing abstinence from alcohol and drugs (other than prescribed)	
I will support my peers in recovery to the best of my ability	
I have a minimum of 30 days in recovery from alcohol and other drugs (unless prescribed)	
I will work or volunteer as specified in my recovery plan	
I will abide by my contractual agreement with the house	
I will treat the house property and my housemates with respect	
I will take personal responsibility for notifying the house representatives of any issues or concerns while I'm a resident	
I will contribute to a cooperative, peer support house culture	
I will follow the house rules established between myself and my housemates	
I will give back to my community through volunteer projects	
I will work with mentors/coaches who can help me fulfill my personal goals and growth	

I hereby certify that all the information I provided in this application is accurate to the best of my knowledge. I also understand that The Micah Project will not disclose any of this application's information, with the exception of my first and last name, to any other party without my written authorization via a specific release/disclosure form. I am aware that additional information may be necessary before final approval is made regarding this application.

Applicant Signature & Date