

MCGUIRE HOMES/JULIE'S HOUSE II

¾ HOUSING APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ CURRENT LOCATION: \_\_\_\_\_

DATE OF COMPLETION: \_\_\_\_\_

LOCATIONS APPLYING FOR (CHECK ALL THAT APPLY):

- LITTLE MCGUIRE HOUSE
- BIG MCGUIRE HOUSE
- MCGUIRE APARTMENTS
- JULIE'S HOUSE II

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT INFORMATION:

INCOME SOURCE	AMOUNT	FREQUENCY
1.		__ WEEK __ MONTH __ YEAR
2.		__ WEEK __ MONTH __ YEAR
3.		__ WEEK __ MONTH __ YEAR

NAME OF EMPLOYER: \_\_\_\_\_ HOURS WORKED PER WEEK: \_\_\_\_\_

DRUG & ALCOHOL HISTORY:

DRUG(S) OF CHOICE: \_\_\_\_\_ CLEAN DATE: \_\_\_\_\_

SPONSOR: YES OR NO CURRENT STEP: \_\_\_\_ NAME OF HOME GROUP: \_\_\_\_\_

MAT? YES OR NO TYPE OF MAT: \_\_\_\_\_

NAME OF DRUG & ALCOHOL PROVIDER: \_\_\_\_\_

PREVIOUS TREATMENT: \_\_\_\_\_

MENTAL HEALTH HISTORY:

MENTAL HEALTH DIAGNOSIS: \_\_\_\_\_

PAST/CURRENT SUICIDAL IDEATIONS: \_\_\_\_\_

HISTORY OF SELF-INJURY? YES OR NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

PSYCHIATRIC HOSPITALIZATIONS (YEAR/LOCATION): \_\_\_\_\_

MEDICAL HISTORY:

CURRENT MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATION	DOSAGE		MEDICATION	DOSAGE

ALLERGIES: \_\_\_\_\_

LEGAL HISTORY:

DO YOU HAVE A VALID DRIVER'S LICENSE: YES OR NO

HISTORY OF CHARGES: \_\_\_\_\_

ARE YOU A MEGHAN'S LAW OFFENDER: YES OR NO

HAVE YOU EVER BEEN ARRESTED RELATED TO ARSON (CHARGED OR NOT): YES OR NO

ARE YOU ON PROBATION: YES OR NO IF YES, NAME OF PROBATION OFFICER: \_\_\_\_\_

CONTACT NUMBER OF PROBATION OFFICER: \_\_\_\_\_

CHILDREN:

CHILDREN THAT MAY VISIT WITH YOU OR LIVE WITH YOU (IF APPLICABLE):

NAME	AGE	CURRENT LIVING SITUATION
_____	_____	_____
_____	_____	_____

HOUSE RELATED EXPECTATIONS:

HAVE YOU BEEN ASKED TO LEAVE A RECOVERY HOUSE WITHIN THE PAST 30 DAYS? YES OR NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU BEEN ASKED TO LEAVE A TREATMENT FACILITY WITHIN THE PAST 30 DAYS? YES OR NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU WILLING TO READ THE HANDBOOK AND FOLLOW EXPECTATIONS OF THE ¾ HOUSE? YES OR NO

ARE YOU WILLING TO ATTEND A MINIMUM OF 4 12-STEP MEETINGS PER WEEK? YES OR NO

DO YOU UNDERSTAND THAT IF YOU ARE ASKED TO LEAVE THE PREMESIS THAT YOU HAVE ONE HOUR TO PACK YOUR BELONGINGS AND LEAVE? YES OR NO

\_\_\_\_\_

REFERENCES:

1. NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_
2. NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

**Please Read, Sign And Date The Following Statement:**

**I, \_\_\_\_\_ Have Given True and Accurate Information  
About My Legal Status And Circumstances. I Understand That Any False Information  
Provided By Me In This  $\frac{3}{4}$  House May Result In This Application Being Denied.**

\_\_\_\_\_  
**Signature of Applicant** **Date**

\_\_\_\_\_  
**Signature of Staff** **Date**