

MCGUIRE HOMES/JULIE'S HOUSE II

THREE QUARTER 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: _____ CLEANDATE: _____

SPONSOR: YES NO CURRENT STEP: ____ NAME OF HOME GROUP: _____

MAT? YES NO TYPE OFMAT: _____

NAME OF DRUG & ALCOHOL PROVIDER: _____

PREVIOUS TREATMENT: _____

MENTAL HEALTH HISTORY:

MENTAL HEALTH DIAGNOSIS: _____

PAST/CURRENT SUICIDAL IDEATIONS: _____

HISTORY OF SELF-INJURY? YES NO IF YES, EXPLAIN: _____

PSYCHIATRIC HOSPITALIZATIONS (YEAR/LOCATION): _____

CURRENT MEDICAL CONDITIONS: _____

MEDICATION	DOSAGE		MEDICATION	DOSAGE

ALLERGIES: _____

LEGAL HISTORY:

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

HISTORY OF CHARGES: _____

ARE YOU A MEGHAN'S LAW OFFENDER: YES NO

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

ARE YOU ON PROBATION: YES NO IF YES, PROBATION OFFICER NAME: _____

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 NO

IF YES, PLEASE EXPLAIN: _____

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

IF YES, PLEASE EXPLAIN: _____

ARE YOU WILLING TO READ THE HANDBOOK AND FOLLOW EXPECTATIONS OF THE THREE QUARTER HOUSE? YES NO

ARE YOU WILLING TO ATTEND A MINIMUM OF 4 12-STEP MEETINGS PER WEEK? YES 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 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**