

NEW BEGINNINGS RECOVERY HOMES

Resident Application and Intake Screening Form

This application helps New Beginnings determine program fit, safety needs, recovery support needs, transportation needs, and financial planning. Information is confidential and used for intake screening and placement decisions.

APPLICANT INFORMATION

Full Legal Name	Preferred Name / Nickname
DL#	Date of Birth
SSN#	Phone Number(s)
Current Address:	City / State / ZIP
Email Address:	Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
Do you have children? Names/ages/custody status	Photo ID available? ☐ Yes ☐ No

EMERGENCY CONTACTS AND IMPORTANT CONTACTS

Emergency Contact #1: name, relationship, phone	Emergency Contact #2: name, relationship, phone
Doctor / Primary Care Provider: name and phone	Mental Health Provider / Counselor: name and phone
Probation / Parole / Court Contact: name and phone	Referral Source: name, agency, phone

PROGRAM FIT AND REFERRAL INFORMATION

Reason you are applying to New Beginnings:

Are you court ordered, probation/parole referred, DFCS involved, or otherwise mandated? ☐ Yes ☐ No

If mandated, list by whom, county, case number if known, and reporting requirements:

Are you coming from jail, prison, detox, hospital, treatment, another recovery home, or home?

Expected release/discharge date and location:

Have you ever lived in a recovery home or sober living program? ☐ Yes ☐ No

Most recent recovery house/program and reason for discharge: _____

SUBSTANCE USE AND RECOVERY BACKGROUND

Do you identify as having alcohol use disorder or being alcoholic? ☐ Yes ☐ No ☐ Unsure

Do you identify as having drug use disorder or being addicted to drugs? ☐ Yes ☐ No ☐ Unsure

List all substances used in the last 3 years, including alcohol, opioids, methamphetamine, cocaine, benzodiazepines, marijuana, synthetic drugs, or other substances:

Date of last alcohol use: _____ Date of last drug use: _____

Have you ever overdosed? ☐ Yes ☐ No If yes, date(s)/details: _____

Current recovery supports: ☐ AA/NA/CR ☐ Sponsor ☐ Peer support ☐ Outpatient ☐ MAT/MOUD ☐ None

MEDICAL, MENTAL HEALTH, AND MEDICATION INFORMATION

New Beginnings Recovery Homes does not prescribe, dispense, administer, or provide clinical treatment or MOUD/MAT. Clinical care and medications must be managed by licensed outside providers.

Current medical conditions:

Current mental health diagnoses or concerns, including depression, anxiety, PTSD, bipolar disorder, suicidal thoughts, or self-harm history:

Are you currently receiving or seeking MAT/MOUD such as Suboxone, Sublocade, Subutex, Methadone, Vivitrol, or Naltrexone?

☐ Yes ☐ No

List of current medications:

LEGAL, SAFETY, AND BACKGROUND INFORMATION

Current legal status: ☐ None ☐ Probation ☐ Parole ☐ Pending charges ☐ Court ordered ☐ Drug court/accountability court

County, officer/case manager, and next court/report date:

Do you have active warrants or pending charges? ☐ Yes ☐ No Explain: _____

Any history of violent offenses, arson, theft, sex offense registration, or behavior that may affect community safety? ☐ Yes ☐ No

If yes, explain honestly:

Do you have any protection orders, no-contact orders, or people who should not visit/contact you?

EMPLOYMENT, INCOME, AND FINANCIAL PLANNING

Initial fees to enter the program are: \$500 intake fee plus first month fee of \$1,200, total \$1,700 due upon entering the facility. Residents are not allowed to work for the first 30 days. After the first 30 days, program fees are \$300 per week. Acceptance does not depend only on financial status, but New Beginnings must evaluate the applicant's payment plan and support resources.

Are you currently employed? ☐ Yes ☐ No Employer: _____

Employer address and supervisor/contact:

If unemployed, do you plan to obtain employment after the first 30 days? ☐ Yes ☐ No Explain: _____

Current monthly income: _____ Source(s): ☐ Employment ☐ SSI/SSDI ☐ Family support ☐ Food stamps/SNAP ☐ Other

Who will pay intake/first month fees? _____ Phone: _____

PERSONAL PROPERTY, DOCUMENTS, AND READINESS

Do you have a valid ID, birth certificate, Social Security card, insurance card, or other documents?

Do you have health insurance/Medicaid/private insurance? ☐ Yes ☐ No Provider/ID: _____

Do you have any mobility, dietary, religious, communication, disability, or safety accommodations needed?

Do you understand this is a structured recovery housing program with rules, schedules, accountability, drug/alcohol abstinence, and required participation? ☐ Yes ☐ No

Additional information New Beginnings should be known before making a placement decision:

APPLICANT AGREEMENTS AND ACKNOWLEDGMENTS

- I certify that the information I provided is true and complete to the best of my knowledge. I understand that false, incomplete, or misleading information may result in denial of admission, discharge, or other action under program rules.
- I understand that New Beginnings Recovery Homes is a recovery housing program and does not provide medical care, psychiatric care, clinical treatment, detox, or prescribing medication. I am responsible for using licensed outside providers for medical and mental health.
- I understand that I must remain alcohol-free and drug-free, follow all house rules, participate in required recovery programming, submit to drug/alcohol testing as required by program policy, and behave safely and respectfully toward residents, staff, visitors, and the community.
- I understand that intake fees, weekly fees, and/or monthly dues are non-refundable. If I leave, am discharged, relapse, fail to pay required fees, or am required to leave under program rules, I forfeit paid fees unless New Beginnings provides a written exception.
- I understand that disruptive behavior, violence, threats, possession/use of alcohol or drugs, medication misuse, dishonesty, theft, nonpayment of fees, or refusal to follow program expectations may result in immediate removal or discharge under program policy.
- I authorize New Beginnings Recovery Homes to contact my listed emergency contacts, referral sources, probation/parole/court contacts, and outside service providers as needed for intake screening, safety, coordination, verification, and discharge planning, unless I revoke authorization in writing where legally allowed.

Applicant Signature	Date
Printed Name	Staff/Witness Signature
Date	Date

FOR NEW BEGINNINGS STAFF USE ONLY

Application received by / date	Payment received:
Accepted? ☐ Yes ☐ No ☐ Waitlist	Admission date/time