



# Application For Membership In Aspen Ridge Home

1. Print Name (Last, First, Middle)			3. Date of Birth		
			Month	Day	Year
2. Present address (Street) Check if treatment facility			4. Phone Where You Can Be Reached		
City State Zip			Home (       )		
5. Are you an Alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No			6. Date of Your Last Drink?		9. List drugs you used addictively:
7. Are you addicted to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Date of last drug use?			
10. When did you attend your first AA or NA meeting?			11. How many AA/NA meeting do you now attend each week?		
12. Do you want to stop drinking alcohol and using addictive drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			13. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" who is your employer?		
14. Are you getting welfare or other non-job related income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" what?			15. If you do not have a job will you get one? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," what job plans do you have?		
16. What is your monthly income right now? \$ _____			17. What do you expect your monthly income to be next month? \$ _____		
18. Marital status [Check One] <input type="checkbox"/> Married, <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			19. Do you have a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the doctor's name and phone number:		
20. Have you ever been to a treatment facility for alcoholism and/or drug addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the treatment provider, phone number and primary counselor, if any.			21. Do you take prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list drugs and reason the drug has been prescribed.		
Please complete page two of this application.					

22. Date of move in ? ☐ Immediately ☐ Other If "other" list the date you would want to move in, if accepted, and why the date is in the future rather than immediately. Date: \_\_\_\_\_ Reason: \_\_\_\_\_

23. Have you ever lived in a Sobriety Living House before?

☐ Yes ☐ No If "yes," provide the name and location.

24. [Answer this question if the answer to question 23 was "yes."] I left the previous Sobriety Living House for the following reason: [check one]

☐ relapse, ☐ voluntarily, other reason(s) \_\_\_\_\_

\_\_\_\_\_

25. Emergency Telephone Numbers. [List family doctor, if you have one, + two family members or friends]

Name and Address 1-2-3-

Relationship

Telephone

26. I realize that the Aspen Ridge Home to which I am applying for residency prohibits all residents from using any alcohol or illegal drugs, expels any resident who violates such prohibition, equally share household expenses including the monthly rent payment, among all residents, and utilizes democratic decision making within the group including inclusion in and expulsion from the group. In accepting these terms, the applicant understands that these conditions are different than the normal due process afforded by some local landlord-tenant laws. I have read all of the material on this application form including the limitations set forth. I have also answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse.

27. Use this space for additional relevant information:

28. I have read all of the material on this application form including the limitations set forth in item 26. I have also answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR USE BY ASPEN RIDGE HOME

☐ ACCEPTED ☐ NOT ACCEPTED • MOVE IN DATE \_\_\_\_\_ • MOVE OUT DATE: \_\_\_\_\_

HOUSE KEYS RETURNED ☐ YES ☐ NO • OUTSTANDING DEBT TO HOUSE \$ \_\_\_\_\_ DATE REPaid \_\_\_\_\_