

**WILLOW GROVE & JACK'S HOUSE**  
**RECOVERY HOUSING APPLICATION**

NAME: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Contact # or email: \_\_\_\_\_  
 Marital Status: S M CU D W  
 State and town of residence last year: \_\_\_\_\_  
 Other programs applied to: \_\_\_\_\_

Reason for interest in sober living/recovery housing: \_\_\_\_\_

<b>STAFF USE ONLY</b> <b>date app received:</b> _____ <b>DATE OF LAST USE:</b> _____ <b>MEDICINES:</b> _____ _____ <b>INSURANCE #:</b> _____ <b>SOCIAL SECURITY#:</b> _____ <b>INFO RELEASE AUTHORIZATION:</b> _____ _____ <b>MISC:</b> _____ _____
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**PRIMARY EMERGENCY CONTACT PERSON NAME:** \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

**SECONDARY EMERGENCY CONTACT PERSON NAME:** \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

(THESE CONTACTS MUST BE WILLING TO PICK APPLICANT UP IN AN EMERGENCY, INCLUDING RELAPSE)

**HEALTH INSURANCE:**

ID#: \_\_\_\_\_

**LIVING/HOUSING SITUATION:**

Homeless? Y \_\_\_ N \_\_\_                      Where living currently: \_\_\_\_\_  
 Past roommate experience: \_\_\_\_\_ Any problems having a roommate? \_\_\_\_\_  
 After Second Wind Recovery Housing (if known): \_\_\_\_\_

**CHILDREN:** Y \_\_\_ N \_\_\_

Gender/Age	Name	legal custody	physical custody	living situation
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(CONTINUE ON BACK IF NECESSARY)

**SUBSTANCE USE HISTORY:** (Circle drugs of choice)

Drug name	First use	Last use	Recent quantities used
Alcohol	_____	_____	_____
Marijuana	_____	_____	_____
Cocaine	_____	_____	_____
Heroin	_____	_____	_____
Other opiates	_____	_____	_____
Methamphet	_____	_____	_____
Other drugs:	_____	_____	_____
_____	_____	_____	_____
Nicotine	_____	_____	_____
Caffeine	_____	_____	_____
Any history of IV use?	Y___	N___	
Any periods of recovery?	Y___	N___	

**OTHER ADDICTIVE BEHAVIORS:** Fill in yes or no.

Eating Disorder: \_\_\_\_\_ Relationships: \_\_\_\_\_ Sex: \_\_\_\_\_ Exercise: \_\_\_\_\_  
Gambling: \_\_\_\_\_ Spending: \_\_\_\_\_ Computer/Internet: \_\_\_\_\_ Other: \_\_\_\_\_

If yes to any above please explain below:

**SUBSTANCE ABUSE TREATMENT HISTORY:** (most recent first, include dates and location)

Inpatient (including detox):

IOP:

Counseling:

Halfway House:

**SELF HELP GROUPS:**

AA? Y \_\_\_ N \_\_\_      NA? Y \_\_\_ N \_\_\_      Preference?

involved with AA or NA for how long?

Sponsor in the past: Y \_\_\_ N \_\_\_ If yes, were you in regular contact?

Sponsor currently: Y \_\_\_ N \_\_\_ If yes, in regular contact?

Are you willing to get a sponsor locally? Y \_\_\_ N \_\_\_

Other self help involvement?

**PSYCHIATRIC TREATMENT HISTORY:** (most recent first, include dates and location)

Inpatient:

Counseling:

Emergency Room visits:

Suicidal thoughts currently: Y \_\_\_ N \_\_\_      In the past: Y \_\_\_ N \_\_\_

Suicide attempts currently: Y \_\_\_ N \_\_\_      In the past: Y \_\_\_ N \_\_\_

If yes to any of above, describe:

Homicidal thoughts currently: Y \_\_\_ N \_\_\_      In the past: Y \_\_\_ N \_\_\_

If yes, describe:

**MEDICATIONS:** Currently on medications: Y \_\_\_ N \_\_\_  
MEDICINE DOSAGE FREQUENCY CONDITION MED USED FOR

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- 
- 
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- 
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Who prescribes currently?

Who will prescribe while at Second Wind Recovery Housing?

**MEDICAL HISTORY:**

PCP: Address:  
Date of last physical exam: Telephone:  
Condition(s) currently being treated:

Any chronic conditions?  
Require periodic monitoring?

Tested for HIV/AIDS: Y \_\_\_ N \_\_\_ Result:  
Hepatitis B: Y \_\_\_ N \_\_\_ Result:  
Hepatitis C: Y \_\_\_ N \_\_\_ Result:

Describe treatment if positive for any of above, or list none:

Pregnant: Y \_\_\_ N \_\_\_ # of weeks: \_\_\_ Prenatal care: Y \_\_\_ N \_\_\_ Provider: \_\_\_\_\_

Do you suffer from frequent headaches?

If yes, please explain:

Do you have any conditions that would prevent you from working/volunteering, walking, and leaving Second Wind Recovery Housing without assistance each day?

If yes, please explain:

Other relevant medical information:

**DENTAL HISTORY:**

Dentist Name: Address: Telephone:  
Date of last exam: Current needs: Any urgent needs:

**SIGNIFICANT RELATIONSHIP HISTORY:**

History marriages/separations/divorces:

Current significant other: Y \_\_\_ N \_\_\_

If yes, name, address and phone:

Status of current relationship:

History domestic violence in the past: Y \_\_\_ N \_\_\_ Current: Y \_\_\_ N \_\_\_

If yes, explain:

**EDUCATION:**

Highest level completed:

Interests or specialties:

Goals/aspirations for education:

**EMPLOYMENT:**

Currently employed: Y \_\_\_ N \_\_\_ Describe:

Past employment (list most recent first):

Position Held:                      Location:                      Dates:                      Reason for leaving:

1.

2.

3.

Willing to work or volunteer? Y \_\_\_ N \_\_\_

Describe current job search, type of job seeking:

**FINANCIAL STATUS:**

Have you had financial problems that might stop you from getting a bank account? Y\_\_\_N\_\_

If so, please explain:

\$ in checking:                      \$ in savings:                      Cash on hand:

Other assets:

Debts/loans:

Monthly expenses:

How would you pay for Second Wind Recovery Housing?

Is there anyone who would help with Second Wind Recovery Housing costs if needed?

**FAMILY OF ORIGIN HISTORY:**

General Description:

Substance abuse/mental health issues in family:      Y\_\_\_ N \_\_\_

If yes, explain:

Has any family member attempted or committed suicide or homicide? Y \_\_\_ N \_\_\_

If yes, describe:

Estrangements from family:

**SUPPORT NETWORK:**

Family:

Friends:

**HISTORY OF SIGNIFICANT LOSSES/ABUSE/TRAUMA:**

**LEGAL HISTORY:**

Are you on probation or parole? Which one in which state? Who is your PO

Do you have a felony?

Restraining order against you?

Restraining order you have against someone else?

History of arrests:

History of incarceration, with dates, location and description of crime:

Probation or Parole: Y \_\_\_ N \_\_\_

Name of Probation or Parole Officer:

Location:

Telephone:

Will you be on furlough (FSU field supervision unit)?

Conditions of probation/parole:

**SPIRITUALITY/RELIGIOUS BELIEFS:**

**MISCELLANEOUS:**

Valid license? Y \_\_\_ N \_\_\_ If yes, from what state?

Do you have a vehicle? Y \_\_\_ N \_\_\_ Registered and insured? Y \_\_\_ N \_\_\_

Do you plan to bring it to Second Wind Recovery Housing? Y \_\_\_ N \_\_\_

Any pets?

How will they be cared for?

**ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE (use back if necessary):**

**I verify the information in this application is true**

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*Signature of applicant*

*date*

Please mail this application to The Second Wind Foundation, 200 Olcott Drive, White River Junction 05001 or upload as a document and email to [smekos@secondwindfound.org](mailto:smekos@secondwindfound.org)