

**Beacon's Sober Living – Willow Way**



**Resident Intake Application**

Date of Application: \_\_\_\_\_

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**Applicant Information**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Have you received services from Beacon House or Sober Living before?       Yes  No

If yes, please list date(s) \_\_\_\_\_

When would you like to begin sober living?       Immediately       Date: \_\_\_\_\_

Emergency Contact –

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Willow way? \_\_\_\_\_

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**History**

Do you have any children?     Yes     No

Have you ever had a non-fatal overdose?     Yes     No

Does Addiction/Alcoholism run in your family?     Yes     No     Unsure

How many treatments have you been to?

- 1-3       3-6       6-8       8-10       10+
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**Demographics**

Race:

- African American       Asian       Bi-Racial       Caucasian
- Hawaiian or Pacific Islander       Multi-Racial       Native American
- Other: \_\_\_\_\_

Gender:

- Female       Male       Transgender ( F M )       Non-Binary       Other: \_\_\_\_\_

Housing Status:

- Renter       Homeowner       Unhoused  Multi-Racial  Other: \_\_\_\_\_
- Native American  Other: \_\_\_\_\_

Employment Status:

- Full-time       Part-time       unemployed       Student       Disabled
- Other: \_\_\_\_\_ Est. Annual Income: \_\_\_\_\_

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**Recovery Information**

Are you currently in treatment?     Inpatient     Outpatient       No

If yes, please list treatment facility \_\_\_\_\_

Anticipated discharge date \_\_\_\_\_

Counselor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you a Drug Court participant?     Yes       No

If yes, what county? \_\_\_\_\_

Drug Court Case Manager Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you on a settlement agreement or commitment?  Yes  No

Case Work Name \_\_\_\_\_ Phone \_\_\_\_\_

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**Recovery**

Sobriety Date: \_\_\_\_\_ Drug(s) of choice:

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12-step Program Affiliation

- Alcoholics Anonymous
- Drug Addicts Anonymous
- Heroin Anonymous
- Narcotics Anonymous
- Other: \_\_\_\_\_

Do you have a sponsor?     Yes             No

If yes, please list name: \_\_\_\_\_

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**Medical**

Have you ever been diagnosed with a mental illness?     Yes     No

If yes, please list

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Please list any current medications:

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Do you have any medical conditions?     Yes             No

If yes, please list

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**Legal**

Are you currently on probation?  Yes  No

Probation Agent Name \_\_\_\_\_ Phone \_\_\_\_\_

Length of time remaining \_\_\_\_\_

Have you ever been incarcerated?  Yes  No

If yes, please list all dates/locations

\_\_\_\_\_  
\_\_\_\_\_

Do you have any pending legal charges?  Yes  No

If yes, please list all pending charges

\_\_\_\_\_  
\_\_\_\_\_

Do you have any felony and/or misdemeanor convictions?  Yes  No

If yes, please list all convictions:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of sex offense?  Yes  No

If yes, please list specific offenses

\_\_\_\_\_  
\_\_\_\_\_

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**Ability to Pay**

Are you currently employed?  Yes  No

Employer \_\_\_\_\_

Phone \_\_\_\_\_ Rate of pay \_\_\_\_\_

Hours / Week \_\_\_\_\_

If you are not employed, how do you plan to pay for intake fees and program fees (\$550)?

\_\_\_\_\_  
\_\_\_\_\_

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Who can we contact if your property needs to be picked up? (after discharge) (this person will have 72 hours, after being notified, to collect your property)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

By signing below, I understand and agree to meet the following expectations, if accepted for residency into Solutions Sober Living Program.

I agree to always remain clean and sober. \_\_\_\_\_ (initial)

I agree to pay my program fees in advance. \_\_\_\_\_ (initial)

I agree to keep Willow Way Living free from alcohol and drugs at all times. \_\_\_\_\_ (initial)

I agree to enter a resident behavioral contract (following all rules for structure and accountability) and abide by the terms set forth. \_\_\_\_\_ (initial)

I certify that ALL information I have provided Willow Way, Beacon House Sober Living, is true and accurate to the best of my knowledge.

I have read all material on this application form including the limitations above.

I have answered each question honestly and want to achieve long-term sobriety from alcoholism/drug addiction.

If, and when I am accepted and take residency, I agree to hold harmless Willow Way, the property owners, and all services providers.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

Program Coordinator:

Teresa Herrick

920-579-7926

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Fax: 920-923-3240

Beacon House: 920-923-3999

