

**NRI COMMUNITY SERVICES
APPLICATION FOR SOBER HOUSING**

- CAPITOL HILL TRANSITIONAL HOUSE
- THEODORE 'TEDDY' JACKSON HOUSE
- MABEL ANDERSON HOUSE
- WILSON APARTMENT

Amended 7/13/11

Print Name: _____

Current Address:

Address _____ City _____ Zip Code _____

Telephone Number: Home: _____ Work: _____
Cell: _____

D.O.B: _____ **Social Security #:** _____

Marital Status: Single Married Separated Divorced

1. **Date of last Residential Treatment Program:** _____

2. **Date of Last Drink?** (/ /) **Date of last Drug?** (/ /)

3. **Do you attend AA?** Yes No **# Groups per week:** _____

4. **Do you attend NA?** Yes No **# Groups per week:** _____

5. **Home Group:** _____ **Date of Last Meeting:** _____

6. **Sponsor Name:** _____ **Phone #:** _____

7. **List your medical doctor name and phone number:**

8. **List all medical conditions:** _____

9. **Do you take prescription medication?** Yes No
(If "yes" list) _____

Reminder: We will not release the following financial and employment information but need to know it to calculate your rent. Proof of income will be required.

10. **Are you now employed?** Yes No

If yes: Employer: _____
Address: _____
Telephone #: _____
Number of hours per week: _____

11. What is your monthly income currently? \$ _____
(4 pay stubs will be required)

12. Are you now getting some form of public assistance (i.e. Bridge Fund, SSI, SSDI, TDI)? (Award letter will need to be provided) Yes No

Please check all that apply:

- SSI Amount _____ GPA/Bridge Amount _____
- SSDI Amount _____ TANF
- TDI Amount _____ Food Stamps
- Other _____

13. If you do not have a job, are you interested in working? Yes No

14. If you are currently not working or deemed disabled, identify activities that you will participate in to help you develop a structured daily schedule:

15. List a name, address and telephone number of two people to be contacted in case of an accident or other emergency:

Name: _____	Name: _____
Phone #: _____	Phone #: _____
Address: _____	Address: _____
_____	_____

I have read the items above and understand that if accepted into Sober Housing through NRI Community Services, I agree to the terms in that item including the waiver of any land-lord-tenant rights I might have with respect to residency. I understand that I fully subject myself to the rules of the house. Rents will not be refunded if I am required to leave. The nature of sober housing requires expulsion, without notice or refund of rent, of any resident that has relapsed with alcohol or any other drugs. Disruptive behavior or nonpayment of rent may lead to immediate eviction. I will abide by all laws of the State of Rhode Island.

Applicant Signature

Date

NRI Community Services Staff Signature

Date

NRI Community Services Staff Printed Name