A New Beginning Recovery Houses LLC

17 University Place

115 Ellsworth Ave

79 Sylvan Ave

264 Howard Ave

10 Crescent St

New Haven

The Recovery Mansion LLC

89 Sherland Ave, New Haven

Anewbeginningrecoveryhouse.com

203-909-5707

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (MI)

Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ SS#: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_

Health Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently homeless? Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

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

(Street) (City) (Zip)

Telephone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Cell Work

Are you recovering: \_\_\_\_ Alcoholic \_\_\_\_ Drugs Sobriety Date: \_\_\_\_\_\_\_\_\_\_\_

Drugs of choice and last use: 1st \_\_\_\_\_\_\_\_\_\_ 2nd \_\_\_\_\_\_\_\_\_\_ 3rd \_\_\_\_\_\_\_\_\_\_

Are you currently in a self-help recovery program, i.e. AA, NA? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Name of program: \_\_\_\_\_\_\_\_\_ How many meetings do you attend a week? \_\_\_\_\_\_\_\_\_\_

Do you have a sponsor? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Other recovery support? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently in outpatient treatment? Yes \_\_\_\_ No \_\_\_\_ If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on probation or parole? Yes \_\_\_ No \_\_\_ If yes, officer name? \_\_\_\_\_\_\_\_\_\_\_\_\_

Inmate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been charged or convicted of any sex crimes? Yes \_\_\_ No \_\_\_\_ If so, state? \_\_\_\_

List present and previous felony convictions and date of end of sentence:

Date: \_\_\_\_\_\_\_\_ Charge: \_\_\_\_\_\_\_\_\_\_ Sentence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EOS Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_ Charge: \_\_\_\_\_\_\_\_\_\_ Sentence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EOS Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your source of income? Employment \_\_\_\_\_\_ Disability Payment of $\_\_\_\_\_\_\_ monthly

Employer’s Name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Phone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly net income? $\_\_\_\_\_\_ Length of employment \_\_\_\_\_\_\_\_\_

Marital status? Single \_\_\_\_ Married \_\_\_\_ Seperated \_\_\_\_ Divorced \_\_\_\_

Do you have children? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_\_\_\_\_\_

Do you take any prescription medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are any of your medications psych meds? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List names and phone numbers of two people in case of emergency:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Telephone #) (Relationship)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Telephone #) (Relationship)

Important Notice: The nature of A New Beginning Recovery House requires expulsion without prior notice or refund of security deposit, of any clients who is found by management to: 1) using drugs/alcohol; or 2) be in default of weekly client fees; or 3) be guilty of disruptive behavior, fighting, threatening or stealing; or 4) involved in any criminal activities. Such client is not entitled to any of the rights or protection which tenants would be entitled to under Connecticut law.

I have read the above notice and understand that I am applying for residency at A New Beginning as a client of a sober community and not as a tenant. I agree to abide by all principles and fully subject myself to the rules of A New Beginning, while rules may include periodic drug testing. I understand that I am subject to immediate expulsion from the house if any of the following occur: 1) my use of drug/alcohol (other than prescribed medications); 2) I fail to pay weekly client fees; 3) I engage in disruptive behavior, fighting, threatening and stealing; 4) my involvement in any criminal activities; 5) not following any of the rules and policies of the house. I understand that if I leave voluntarily with at least two weeks’ notice, my client fee deposit will be returned within 30 days after deductions are made of any house expenses, damages or cleaning fees for which I am responsible for. If less than two weeks notice is given, or if I am expelled from A New Beginning for one of the reasons stated above, I understand that my security deposit will be forfeited.

By signing below I certify that the information contained in this application is true, that I understand and accept the conditions set forth about for placement in A New Beginning and that I agree to abide by said conditions should I be accepted in as a client of this house. I have also read the client contract given to me and agree to abide by all rules and regulations.

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date moved in: \_\_\_\_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ Management signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date moved out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_