



Application for Residency in Horizon House

To become a resident at Horizon House, you must contact Horizon House and schedule an interview and be accepted. You may print this Application and bring it with you. **DO NOT SEND THIS TO HORIZON HOUSE.** You must bring it to the house for your interview.

1. Print Name (Last, First, Middle):

3. Date of Birth:

2. Present address

4. Phone where you can be reached:

City:

State:

Zip:

5. Are you an Alcoholic/addicted to drugs? (circle one) Yes No

6. Date of last drug use?

7. Have you ever been to a treatment facility for alcoholism and/or drug addiction? (circle one) Yes No

If "yes" list the treatment provider, phone number and primary counselor: _____

8. Are you employed? (circle one) Yes No

If "yes" name of your employer and supervisors name and phone Number _____

9. Are you getting assistance from the County or other non-job-related income? (circle one) Yes No

If "yes," what type of assistance? _____

10. What is your monthly income right now? \$_____

11. If you do not have a job will you be looking for work ? (circle one) Yes No
If "yes," what job plans do you have? _____

12. Marital status (circle one) Married, Never Married, Separated, Divorced

13. Do you take prescription drugs? (circle one) Yes No
If "yes" list all prescribed medication and the reason they were prescribed.

14. Why have you chosen Horizon House for residency? _____

15. What is your short term Goals: (1 year)

16. If accepted to "Horizon House" how can we best help you in achieving your goals?

17. Date you would like to move in, if accepted. Date.: _____

18. Emergency Telephone Numbers (List Sponsor/P.O, if you have one plus 2 family members and/or friends):

Name	Relationship	Address
1		
2		
3		
4		
5		

19. I realize that the Horizon House to which I am applying for residency has been established in compliance with the conditions of §2036 of the Federal Anti-Drug Abuse Act of 1988, P.L. 100-690, as amended, which provides that federal money loaned to start the house requires the house residents to (A) prohibit all residents from using any alcohol or illegal drugs, (B) expel any resident who violates such prohibition, (C) equally share household expenses including the monthly lease payment, among all residents, and (D) utilize democratic decision making within the group including inclusion in and expulsion from the group. In accepting these terms, the applicant understands that §2036 conditions are different than the normal due process afforded by some local landlord-tenant laws.

20. I have read all of the material on this application form including the limitations set forth in item 24. 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 HORIZON
HOUSE

ACCEPTED NOT ACCEPTED

*MOVE-IN DATE: _____ *MOVE-OUT DATE: _____ * HOUSE KEYS
RETURNED YES NO * OUTSTANDING DEBT TO HOUSE: _____ *DATE
RE-PAID: _____