



Women's Application

Initials All documents, agreements, acknowledgments, and policies executed in connection with residency at Sylvia's Sanctuary or Lisa's Haven are entered into with, and shall apply to, Yakima Valley Recovery, the owner and operator of both residences, and are intended to govern residency at any property owned or operated by Yakima Valley Recovery.

General Information:

First, Middle & Last Name:

Date of Birth: _____

Ethnicity: _____

Expected release Date: _____

Your Current Address:

Your email address:

Best Phone Number to Reach You: _____

Preferred Communication Method: (Circle One)

Phone

Email

Emergency Contacts: MINIMUM of ONE family member & ONE friend

Contact #1

Name: _____ Phone: _____

Relationship: _____

Contact #2

Name: _____ Phone: _____

Relationship: _____

Employment Status: (Circle One or More)

How Long? _____ Months

_____ Years

Full Time

Part Time

Student

Unemployed

Employer: _____ Position: _____

Employer's Number: _____

Who referred you to us? _____

What's the issue that has brought you to us? _____

How long has this been an issue for you? _____

Do you believe you are addicted to drugs or alcohol? Please explain: _____

How long since you've used drugs or alcohol? _____

What did you use last? _____

What has been your drug of choice in the past? _____

What's the longest period of time you've been able to stay sober? _____

How many serious attempts have you made to stay sober? _____

Your Sobriety Celebration Date: _____

What has been most helpful to you in your past recovery attempts? _____

Treatment Information:

Initials I fully understand that it is a condition of approval that I will willingly obtain a drug and alcohol assessment / evaluation from a local, reputable, state licensed Healthcare Provider within 14 days of arrival to YVR. I will also follow the resulting recommendations in regard to IOP, OP and/or Relapse

Have you ever received alcoholism/drug addiction treatment? _____

Your preferred Recovery Program? (Circle or write in) _____

AA NA Celebrate Recovery SMART Recovery Refuge recovery

List all Treatment Info starting with the most recent stent:

Facility:	Location:	When?	How long?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a 12-step sponsor yet? YES NO NOT YET

Sponsor Name: _____ Their Number: _____

Financial Information

What is your monthly income: _____

Source of income: _____

Other financial resources (help from familymembers, etc): _____

Have you applied for or do you already have any of the following? (Check any that apply)

	SNAP	ABD	HEN	Coordinated Entry
Applied	_____	_____	_____	_____
Receiving	_____	_____	_____	_____

If you have not yet applied for any of these or other benefits you may want to begin doing so, as they can take weeks or months.

Helpful agency links are provided on the "Resources" page on the Yakima Valley Recovery website.

Legal Information

Are you currently incarcerated? _____

If yes, may we contact you? _____

If yes again, how? _____

Location: _____

Will you be on probation after release? _____

Will you be on parole after release? _____

Will you be on DOC Supervision after release? _____

Officer Name: _____ Officer's Number: _____

Open or Pending Case Information:

Do you have any active warrants? _____

Criminal History:

Are you a convicted sex offender? YES NO

If yes, what level? I II III IV

Details: _____

Have you ever been convicted of Arson? YES NO

How much time have you spent in jail? _____ Months _____ Years

How much time have you spent in prison? _____ Months _____ Years

Do you have your social security card? YES NO

Do you have a valid state ID card? YES NO

Do you have a valid driver's license? YES NO

If not, please explain: _____

Health Information:

Please list any known allergies:

Describe past and present physical and mental health challenges including hospitalizations, major accidents, illness, mental health diagnoses.

Have you ever had convulsions or seizures? YES NO

If yes, were they related to any of the following? (Circle all that apply)

Alcohol Drug Use Drug Abuse Detox Narcan

Do you have chronic pain? YES NO

If yes, what do you take for pain? _____

Please list all your medications:

Prescription Name	Dose	How often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently under the care of a... (choose all that apply)

MD

Psychiatrist

Psychologist

Therapist/Counselor

If yes please list below:

Name

Specialty

Number

Name	Specialty	Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Information:

Are you currently in a relationship? YES NO

If yes, please describe: (type, how serious, how long?)

Do you have any children? YES NO

If yes please list their names and ages:

_____	_____
_____	_____
_____	_____
_____	_____

Highest grade completed: _____

List any special training you have: _____

Describe your spiritual beliefs: _____

What are your short term goals? Meaning where do you want to be in your journey one year from now?
What are the first steps you'll need to take to get there?

What are some strengths you would contribute to our mutually supportive shared living environment?

Is there anything you believe we need to know in determining our program's suitability to meet your needs?

By typing my name here, I certify that I have completed the Yakima Valley Recovery (YVR) Housing Program Application to the best of my ability, and as truthfully as possible. I give permission for YVR to conduct a criminal background check and to use the results in the application process, and I give permission for YVR staff to contact any individuals listed on this form.

Printed Name: _____

Today's Date: _____

Signature: _____