



Robbins House

HOPE AND HOME FOR WOMEN IN RECOVERY



RESIDENCY APPLICATION

(PLEASE COMPLETE ALL FIELDS ... IF NOT APPLICABLE, PLEASE WRITE N/A)

Applicant Information

NAME: _____ DATE: _____

DATE OF BIRTH: _____ PHONE NUMBER: _____

CURRENT ADDRESS: _____

_____ HOW LONG: _____

PREVIOUS ADDRESS: _____

_____ HOW LONG: _____

REFERRED BY: _____

NAME OF EMERGENCY CONTACT: _____

RELATIONSHIP: _____ PHONE: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

DO YOU HAVE A VEHICLE? YES NO MAKE, MODEL, YEAR: _____

NOTE: TO HOUSE A VEHICLE ONSITE A VALID LICENSE, CURRENT REGISTRATION AND PROOF OF INSURANCE IS REQUIRED

Employment Information

ARE YOU EMPLOYED: YES NO*

COMPANY: _____

ADDRESS: _____

PHONE: _____ HOW LONG HAVE YOU WORKED HERE: _____

HOURS WORKED WEEKLY: _____ PAY RATE OR SALARY: _____ HOURLY WEEKLY MONTHLY ANNUALLY

ARE YOU NOW OR WILL BE RECEIVING INCOME FROM ANY ADDITIONAL SOURCE INCLUDING UNEMPLOYMENT, CHILD SUPPORT, SOCIAL SECURITY, PENSION, DISABILITY, FOOD STAMPS OR PUBLIC ASSISTANCE? YES NO

IF YES, WHAT SOURCE: _____ AMOUNT PER MONTH: _____

* IF NO EMPLOYMENT OR INCOME, WHO WILL SPONSOR YOUR RESIDENCY FOR THE FIRST 60 DAYS?

NAME: _____ RELATIONSHIP: _____ PHONE NUMBER: _____

Medical Information

PLEASE LIST ALL CURRENT TREATMENT PROVIDERS INCLUDING REHAB CENTERS, AGENCIES, COUNSELORS OR DOCTORS:

1. _____
2. _____
3. _____
4. _____
5. _____

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING INCLUDING DOSAGES AND NAME OF PRESCRIBING DOCTORS:

1. _____
2. _____
3. _____
4. _____
5. _____

PLEASE LIST ANY HOSPITALIZATIONS FOR THE PAST 10 YEARS INCLUDING DATES & REASON (SURGERY, OVERDOSE, ETC.):

1. _____
2. _____
3. _____
4. _____
5. _____

Criminal Information

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO IF YES, LIST ANY ADULT/JUVENILE OFFENSES:

1. _____
2. _____
3. _____
4. _____

ARE YOU CURRENTLY ON PROBATION OR PAROLE? YES NO

IF YES, COUNTY AND STATE: _____ CHARGE: _____

PROBATION/PAROLE OFFICER: _____ PHONE NUMBER: _____

ARE YOU A REGISTERED SEX OFFENDER? YES NO

Recovery Information

PLEASE TELL US WHY YOU ARE SEEKING A RECOVERY RESIDENCE:

HAVE YOU LIVED IN ANY RECOVERY/SOBER RESIDENCE BEFORE? YES NO

IF YES, NAME OF FACILITY: _____ HOW LONG: _____

REASON FOR LEAVING: _____

IF YES, DID YOU RECEIVE ANY FINANCIAL ASSISTANCE, STIPEND OR GRANT FUNDING: YES NO

WHAT IS YOUR SUBSTANCE(S) OF CHOICE? (PLEASE BE SPECIFIC)

HOW LONG HAVE YOU BEEN CLEAN AND SOBER? _____ HOW LONG WERE YOU IN ACTIVE ADDICTION? _____



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– ADDENDUM –
RESIDENCY APPLICATION TERMS AND CONDITIONS

1. AS PART OF THIS APPLICATION SUBMISSION, I AUTHORIZE AND GIVE ROBBINS HOUSE LLC PERMISSION TO CONDUCT A PERSONAL BACKGROUND CHECK INCLUDING, BUT NOT LIMITED TO, EMPLOYMENT AND INCOME VERIFICATION, CREDIT REPORTS, REFERENCES, CRIMINAL HISTORY AND/OR DRUG SCREEN.
2. I HAVE READ, UNDERSTAND AND ANSWERED ALL QUESTIONS TRUTHFULLY.
3. I UNDERSTAND THAT IF ACCEPTED INTO ROBBINS HOUSE, I AGREE TO ALL RESIDENCY TERMS AND CONDITIONS INCLUDING THE WAIVER OF ANY LANDLORD TENANT REDRESSES I MAY HAVE WITH RESPECT TO HOUSING AND RESIDENCY IN ANY ROBBINS HOUSE LLC PROGRAM.
4. I HAVE VOLUNTARY CHOSEN RESIDENCY IN A DISCIPLINED ENVIRONMENT AND AGREE TO LEAD A CLEAN, LAW-ABIDING LIFE THAT IS FREE OF ALCOHOL AND SUBSTANCE USE AND WILL ADHERE TO ALL POLICIES, GUIDELINES AND HOUSE MANAGEMENT RULES.
5. I ALSO UNDERSTAND THAT UPON MY DEPARTURE I MUST RETURN ANY PROPERTY, GOODS OR BELONGS OF ROBBINS HOUSE LLC AND INFORM HOUSE MANAGEMENT OF MY FORWARDING ADDRESS TO CONFIRM THAT I AM NO LONGER A LISTED RESIDENT OF ROBBINS HOUSE.
6. I FURTHER UNDERSTAND ROBBINS HOUSE LLC IS NOT A MEDICAL OR TREATMENT FACILITY AND IS SIMPLY A SOBER LIVING RESIDENCY CONDUCIVE TO SOBRIETY SUPPORT AND RECOVERY.
7. MOREOVER, I UNDERSTAND NEITHER TREATMENT, THERAPY NOR MEDICAL CARE OF ANY SORT IS PROVIDED. HOWEVER, AS NEEDED, I WILL SEEK THOSE SERVICES IN THE LOCAL COMMUNITY PRIORITIZING RECOMMENDATIONS AND REFERRALS FROM ROBBINS HOUSE LLC.
8. ALL RESIDENCY PAYMENTS AND, IF APPLICABLE, ASSOCIATED FEES ARE FINAL.
9. THERE ARE NO REFUNDS.

PLEASE MAIL OR EMAIL COMPLETED APPLICATION TO:

ROBBINS HOUSE, LLC
P.O. Box 411
YOUNGSTOWN, OH 44501
INFO@ROBBINSHOUSE4LIFE.COM

APPLICANT SIGNATURE

PRINT NAME

DATE