Redemptions Recovery

Housing Application

(920) 888-4465
1321 N Durkee St, Appleton, WI 54901

This paper form matches the online housing application. Required questions are marked *. Circle one answer for each Yes/No question. Follow-up lines apply only when you answer Yes (or Employed). Return this form to admissions or apply online at redemptionsrecovery.org/rebuild/application.

1 About you

First name *

Last name *

Email *

Phone *

Date of birth *

Marital status *

○ Single ○ Married ○ Separated ○ Divorced ○ Widowed

Do you have children? * ○ Yes ○ No

If yes: Please list your children's name(s) and age(s).

2 Health

Please list any/all medical conditions

Leave blank if none.

Please list any/all medications you are taking or prescribed

Leave blank if none.

3 Housing history

Have you lived in a sober living home before? * ○ Yes ○ No

If yes: What sober living home(s), when and where?

Have you ever been asked to leave a sober living or treatment program? * ○ Yes ○ No

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If yes: Please explain why you were asked to leave.

4 Legal

Are you currently on probation or parole? * ○ Yes ○ No

If yes: probation agent

Agent first name

Agent last name

Agent phone

Are you legally allowed to leave the county? * ○ Yes ○ No

Do you have any open charges? * ○ Yes ○ No

If yes: Please explain any open charges.

Have you ever been convicted of a felony? * ○ Yes ○ No

If yes: Please explain felony charges.

Do you have any violent offense convictions? * ○ Yes ○ No

If yes: Please explain violent offenses.

Do you have any sexual offense convictions? * ○ Yes ○ No

Have you ever been incarcerated? * ○ Yes ○ No

If yes: Please list date(s) of incarceration and facilities.

Are there any restrictions (court orders, probation terms, registry requirements) that could affect your residency? * ○ Yes ○ No

If yes: Please explain those restrictions.

5 Recovery

Primary substance(s) used

Date of last use *

Do you have a sponsor? * ◯ Yes ◯ No

Are you currently in treatment? * ◯ Yes ◯ No

If yes: expected release from treatment date

If yes: Treatment center name, counselor name, and contact information.

6 Work and fees

Current employment status *

◯ Employed ◯ Unemployed ◯ Student

If employed: please list your employer and address.

Do you agree to pay your program fees in full if accepted? * ◯ Yes ◯ No

Program fees are required for residency. Selecting No means this application cannot be accepted.

7 Signature

I hereby certify that the above information is true and accurate to the best of my knowledge. I understand that false or incomplete information may result in denial of admission to Redemptions Recovery.

Signature (full legal name) *

Date *