

New Beginnings Application

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone #s: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Marital Status: ( ) Single ( ) Married ( ) Separated ( ) Divorced

Children: \_\_\_\_\_

Emergency Contact (number & relationship to you) Doctor if Possible:

\* \_\_\_\_\_  
\* \_\_\_\_\_  
\* \_\_\_\_\_

Prescription Drugs (currently taking, LIST ALL)

\* \_\_\_\_\_  
\* \_\_\_\_\_  
\* \_\_\_\_\_  
\* \_\_\_\_\_  
\* \_\_\_\_\_

Substance Abuse Background Information

- Are you an alcoholic? ( ) Yes ( ) No
- Are you addicted to drugs? ( ) Yes ( ) No

If yes, list all drugs you have used in the last 3 years:

Date of last drink: \_\_\_\_\_ Date of last drug use: \_\_\_\_\_

Are you coming from jail? YES \_\_\_\_\_ NO \_\_\_\_\_

When/ Where? \_\_\_\_\_

Have you ever lived in a recovery home?

Name of Recovery House and reason for discharge (most recent): \_\_\_\_\_

What is your reason for coming to New Beginnings? \_\_\_\_\_

If mandated by who? \_\_\_\_\_

Income and Financial Information

**Initial fees to enter the program are as follows intake fee of \$400 plus 1<sup>st</sup> month fee of \$1000 total of \$1400 is due upon entering facility.** Residents are not allowed to work for the first 30 days. After first 30 days fees are \$1000 per month or \$250 per week.

**IMPORTANT: THE FOLLOWING FINANCIAL AND EMPLOYMENT INFORMATION IS CONFIDENTIAL AND WILL NOT BE RELEASED. WE MUST KNOW IT TO EVALUATE WHETHER YOU CAN PAY RENT. ACCEPTANCE TO OUR PROGRAM DOES NOT HINDER ON YOUR FINANCIAL STATUS.**

Are you currently employed? ( ) Yes ( ) No

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

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

City, State, Zip: \_\_\_\_\_

Supervisor/Contact: \_\_\_\_\_

If unemployed do you plan on obtaining employment?

If not explain: \_\_\_\_\_

Current monthly income: \_\_\_\_\_

Are you getting welfare, food stamps or any other regular income? ( ) Yes ( ) No

List source and amount: \_\_\_\_\_

Please use space below for any other additional information:

I HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE. BY MY SIGNATURE ON THIS APPLICATION I UNDERSTAND THAT IF I AM ACCEPTED INTO THE HOUSE I WILL AGREE TO ALL TERMS AND CONDITIONS OF THE HOUSE I JOIN. I ALSO UNDERSTAND THAT MY FEES ARE NON-REFUNDABLE. IF I AM REQUIRED TO LEAVE OR CHOOSE TO LEAVE MY INTAKE FEE AND WEEKLY AND/OR MONTHLY DUES ARE FORFEITED. I UNDERSTAND NEW BEGINNINGS DOES NOT GIVE REFUNDS.

THE NATURE OF THIS HOUSE REQUIRES THAT I ENTER INTO A PERSONAL CONTRACT AND PLEDGE WITH THE HOUSE THAT I WILL NOT DRINK, USE DRUGS. BY SIGNING BELOW, I HEREBY PLEDGE THE FULL AMOUNT OF MY FEES THAT I WILL FAITHFULLY ABIDE BY THIS RULE. SHOULD I RELAPSE I WILL BE EXPELLED FROM THE HOUSE WITHOUT NOTICE AND FORFEIT MY FEES. I FURTHER PROMISE AND PLEDGE THAT I WILL LEAVE THE HOUSE IMMEDIATELY IF A MAJORITY VOTE OF THE HOUSE MEMBERSHIP DETERMINES THAT I HAVE BEEN USING EITHER ALCOHOL OR DRUGS. I ALSO UNDERSTAND THAT DISRUPTIVE BEHAVIOR OR NONPAYMENT OF FEES CAN LEAD TO MY IMMEDIATE EVICTION.

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