

# HORIZON HOUSE SOBER LIVING LLC

## MEMBER APPLICATION

(760) 766-0300 · horizonhousesoberliving.com

APPLICANT NAME

DATE OF APPLICATION

REFERRED BY

**Please Be Honest** — Your answers help us determine the best path for your successful recovery.

This information is used to support you, not to disqualify you. Honesty allows us to provide the most appropriate environment for your journey.

### 1. PERSONAL INFORMATION

FIRST NAME

LAST NAME

CURRENT ADDRESS

CITY

STATE

ZIP

GENDER

Male  Female  Other:

DATE OF BIRTH

CELL PHONE

EMAIL ADDRESS

DESIRED MOVE-IN DATE

DRIVER'S LICENSE NUMBER

DL STATE

DL EXPIRATION

DO YOU HAVE A VEHICLE?

Yes  No

*If Yes:*

MAKE & MODEL

LICENSE PLATE #

PLATE STATE

REG. EXPIRES

WHY ARE YOU SEEKING SOBER LIVING AT THIS TIME?

REFERRED BY

REFERRAL PHONE

## 2 · TREATMENT & TRANSITION

Detox Completed?  Yes  No

Inpatient Treatment Completed?  Yes  No

**If Yes:**

TOTAL DAYS

TREATMENT FACILITY NAME

FACILITY PHONE

Currently attending IOP (Intensive Outpatient Program)?  Yes  No

**If Yes:**

IOP PROVIDER / LOCATION

IOP SCHEDULE

Do you have a job?  Yes  No

**If Yes:**

EMPLOYER / JOB

WORK SCHEDULE

DRUG(S) OF CHOICE

SOBRIETY DATE

Regularly attending AA / NA / recovery meetings?  Yes  No

Do you have a sponsor?  Yes  No

**If No — Willing to get one?**  Yes  No

## 3 · SOBER LIVING HISTORY

Is this your first time in sober living?  Yes  No

**If No — How many previous sober living homes?**

Have you ever been asked to leave a treatment facility or sober living house?  Yes  No

IF YES — PLEASE EXPLAIN THE CIRCUMSTANCES:

## 4 · LEGAL STATUS

Are you a 290 PC registrant (sex offender registration)?  Yes  No

Currently on probation or parole?  Yes  No

Any legal matters currently pending?  Yes  No

IF YES TO ANY ABOVE — PLEASE PROVIDE DETAILS:

PROBATION / PAROLE OFFICER NAME

P.O. PHONE

## 5 · MEDICAL INFORMATION

CURRENT MEDICATIONS (LIST ALL):

KNOWN MEDICAL CONDITIONS, MENTAL HEALTH CONDITIONS, OR ALLERGIES:

*Horizon House Sober Living LLC is a housing provider only and does not provide medical, clinical, or mental health services. Members with medical needs or accommodation requests should notify management in writing.*

## 6 · HOUSE RESPONSIBILITIES

Are you willing to perform daily chores and help keep the house clean and orderly?

Yes  No

Are you willing to follow a structured daily schedule including meetings, work/school, chores, check-ins, random drug testing, and all house rules?

Yes  No

## 7 · SIGNATURE & CERTIFICATION

*Thank you for your interest in Horizon House. We will carefully review your application and will be in touch promptly.*

### Certification:

By signing below, I certify that all information provided is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in denial of my application or termination of housing. I agree to abide by all Horizon House rules and expectations.

### Applicant:

PRINTED NAME

DATE

SIGNATURE

DATE

\_\_\_\_\_  
X Sign Above This Line

### HHSL Approval:

PRINTED NAME

TITLE

SIGNATURE

DATE

\_\_\_\_\_  
X Sign Above This Line