# True North Sober Living – Application for Residency

Note: You must use your full legal name.

## Applicant Information

Full Legal Name: _____

Date of Birth (MM/DD/YYYY): _____ Phone: _____ Email: _____

If the phone/email belongs to someone else, provide their name: _____

Best way & best time to contact you: _____

Address 1: _____ _____

Address 2: _____ _____

City: _____ State/Province: _____ Zip/Postal Code: _____

## Current Living Situation

■ Residential Treatment ■ Detox ■ Hospital ■ Friends/Family ■ Own Home/Apartment ■ Incarcerated ■ Homeless Shelter ■ Unsheltered (outside) ■ Other: _____

If 'Other', please explain: _____

Desired Move-In Date: _____

Describe your current location/living situation:

_____ _____

_____ _____

## Recovery & Substance Use History

Why are you seeking a recovery residence?

_____
_____

_____
_____

Substance use history (substances, duration, last use):

_____
_____

_____
_____

Where are you in your recovery process?

_____
_____

_____
_____

Substance use in the last month (substances, quantity, frequency, reason):

_____
_____

_____
_____

Are you willing to attend AA/NA, SMART Recovery, counseling, church, etc. 5x/week? ■ Yes ■ No

What do you do to stay sober? (thorough summary):

_____
_____

_____
_____

## Income & Structured Time Plan

Monthly Income ($): _____

Type of income (check all that apply): ■ Employment/Wages ■ SSI/SSDI ■ Unemployment ■ Other

Structured time requirement (20+ hrs/week):

■ Work 20–40 hrs/week ■ Work <20 hrs/week ■ Volunteer 20 hrs/week ■ Attend school 20 hrs/week ■ None

Why do you want to enter True North Sober Living?

_____
_____

_____
_____

How will you pay the $150 move-in fee and $150/week rent (initial and ongoing)?

_____
_____

_____
_____

## Medical & Mental Health

Current prescription medications (name, dose, purpose):

_____
_____

_____
_____

Do you currently have a doctor prescribing these? If so, who and when last seen?

_____
_____

Any medical conditions?

_____

Any disabilities/difficulties with activities of daily living?

_____

Other mental health or substance use providers (names & how long in treatment):

_____
_____

_____
_____

## References & Background

Reference 1 (name, phone, relationship):

_____

Reference 2 (name, phone, relationship):

_____

Criminal convictions (charge(s) and conviction dates, if any):

_____

How did you hear about us? (name, location, etc.):

_____

Any other information helpful for reviewing your application:

_____
_____

_____
_____

## Final Declaration & Signature

I certify that all information provided is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Medication-Assisted Treatment (MAT)
Are you currently enrolled in a Medication-Assisted Treatment (MAT) program?
If yes, please specify:
- Type of MAT program (e.g., Suboxone, Methadone, Vivitrol, etc.): _____
- Prescription medication name: _____
- Daily dosage amount: _____