

THE MARY DEVEAU HOUSE RESIDENT APPLICATION
(Privileged and Confidential, for internal use only)

P.O. Box 2002, Plattsburgh, N.Y. 12901
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LAST NAME _____ FIRST _____ 18 YRS/OLDER (Y/N) _____

STREET ADDRESS _____ APT./UNIT # _____

CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY # _____ PHONE _____ (H) _____ (W) _____ (C) _____

ARE YOU AN ALCOHOLIC? YES _____ NO _____ DATE OF LAST DRINK _____

ARE YOU ADDICTED TO DRUGS? YES _____ NO _____

DATE OF LAST NON-PRESCRIBED DRUG USE _____

LIST DRUGS YOU USED ADDICTIVELY: _____

DATE ATTENDED YOUR FIRST AA OR NA MEETING? AA _____ NA _____

HOW MANY AA/NA MEETINGS DO YOU NOW ATTEND EACH WEEK? AA _____ NA _____

DO YOU WANT TO STOP DRINKING ALCOHOL AND USING ADDICTIVE DRUGS? _____

ARE YOU EMPLOYED? _____ IF YES, LIST EMPLOYER _____

YOUR OCCUPATION/TITLE _____

IF UNEMPLOYED, LIST LAST EMPLOYER, TYPE OF WORK AND DATE OF EMPLOYMENT _____

IF YOU DO NOT HAVE A JOB, ARE YOU PREPARED TO GET ONE? _____ IF "YES," WHAT JOB PLANS DO YOU HAVE? _____

WHAT IS YOUR PRESENT MONTHLY INCOME? _____

ARE YOU RECEIVING SSI, DISABILITY, WORKERS COMPENSATION OR OTHER NON-JOB RELATED INCOME? IF "YES," BE SPECIFIC: SOURCE/AMOUNT: _____

WHAT DO YOU EXPECT YOUR MONTHLY INCOME TO BE NEXT MONTH? _____

DO YOU HAVE A SPONSOR? _____ IF 'YES' LIST HER NAME AND PHONE NUMBER:

NAME _____ PHONE NUMBER _____

MARITAL STATUS: (CIRCLE ONE) MARRIED, SINGLE, SEPARATED, DIVORCED, IN A RELATIONSHIP

DO YOU HAVE CHILDREN WHO ARE MINORS? IF YES, LIST AGES; _____

ARE YOU PREGNANT? YES NO _____

**DO YOU HAVE A MEDICAL DOCTOR? ___ IF "YES," LIST DOCTOR'S NAME AND PHONE NO.
NAME _____ PHONE _____**

**DO YOU TAKE PRESCRIPTION DRUGS? ___ IF "YES," LIST DRUGS AND REASON THE DRUGS HAVE
BEEN PRESCRIBED _____**

**HAVE YOU EVER BEEN IN A TREATMENT FACILITY FOR ALCOHOLISM AND/OR DRUG
ADDICTION? ___ IF "YES," LIST EACH TREATMENT PROVIDER, PHONE NUMBER AND PRIMARY
COUNSELOR/CASE MANAGER, IF ANY. INCLUDE DETOXES, HALF-WAY HOUSES, THREE-QUARTER
HOUSES, AND SOBER LIVING HOUSES.**

**DO YOU HAVE A HISTORY OF MENTAL HEALTH PROBLEMS? ___ IF "YES." WHAT IS YOUR
DIAGNOSIS? _____**

DO YOU HAVE ANY SPECIAL MEDICAL NEEDS AND/OR CONDITIONS? (BE SPECIFIC)

**DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH WOULD PRECLUDE WALKING TO AND FROM
WORK OR STANDING FOR A FULL SHIFT IN A JOB? YES NO_**

**ARE YOU PRESENTLY RECEIVING OUT-PATIENT CARE OF ANY TYPE? ___ IF "YES," LIST CASE
WORKER _____ PHONE # _____**

HAVE YOU EVER BEEN ARRESTED FOR A MISDEMEANOR OR FELONY? ___ IF "YES," EXPLAIN

DO YOU HAVE A HISTORY OF ARSON OR SEX OFFENSES? ___ IF "YES," LIST _____

ARE YOU ON PROBATION? _____ IF "YES," LIST CONDITIONS OF YOUR PROBATION:

ARE YOU ON PAROLE? _____ IF "YES," LIST CONDITIONS OF YOUR PAROLE: _____

PROBATION/PAROLE OFFICER'S NAME _____ PHONE# _____

DO YOU OWE COMMUNITY SERVICE HOURS? _____ IF "YES," NUMBER OF HOURS AND COMPLETION DATE _____

ARE YOU IN COURT ORDERED TREATMENT OR CLASSES? _____ IF "YES," LIST LOCATION, DATES AND TIMES: _____

DO YOU HAVE ANY PENDING LEGAL PROBLEMS? _____ IF "YES," EXPLAIN: _____

DO YOU HAVE ANY PENDING MARITAL LEGAL ISSUES; I.E. ORDER OF PROTECTION, RESTRAINING ORDER, ETC. IF "YES," EXPLAIN _____

DO YOU HAVE ANY OUTSTANDING FINANCIAL DEBTS? _____ IF "YES," PROVIDE DETAILS, INCLUDING PAYMENT SCHEDULE: _____

LIST EMERGENCY CONTACTS FOR AT LEAST TWO FAMILY MEMBERS AND/OR FRIENDS:

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

DISCLAIMER AND SIGNATURE

IMPORTANT NOTICE: The Mary Deveau House is a sober living home for women that requires immediate discharge, without prior notice or refund, of any resident who is found to be using alcohol or non-prescribed drugs. Resident in violation of any other rules and regulations contained within the contract of residency may incur disciplinary action up to and including immediate discharge at the discretion of the Mary Deveau House.

I have read the above notice and understand that I am applying for residence in the Mary Deveau House, a Sober Living Home for Women. I agree to abide by the Mary Deveau House requirements and fully subject myself to the rules of the Mary Deveau House, which will include periodic drug testing. I understand that I am subject to immediate discharge from the home if any of the following occur: 1) I use alcohol or drugs (other than prescribed medications); 2) I fail to pay my weekly payment; 3) I engage in disruptive behavior. I understand that if I leave voluntarily, at least a 30-day advance, written notice will be given to staff. If less than a 30-day advance, written notice is given, or if I am discharged from the Mary Deveau House for one of the reasons stated above, I understand that my weekly payment will not be pro-rated for refund.

By signing below I certify that the information contained in this application is true, that I understand and accept the conditions set forth above for residence in the Mary Deveau House, and that I agree to abide by said conditions should I be selected as a resident of this home.

APPLICANT SIGNATURE _____ DATE _____

REVIEWED BY: _____ DATE _____

APPROVED BY: _____ DATE _____