

## RECOVERY ROAD POTENTIAL RESIDENT APPLICATION

**\*\*\*THIS APPLICATION MUST BE FILLED OUT BY ANY POTENTIAL RESIDENT TO BE CONSIDERED FOR ENTRY\*\*\***

All potential residents must read over our rules and FAQs thoroughly from the tab titled Rules, Rates, and FAQs on our website, [www.recoveryroadhomes.org](http://www.recoveryroadhomes.org). If you have not read them please do not fill out an application until you do so.

A professional referral form must be completed by a staff member from the agency you are at or any other person you work with. The professional referral form is not to be completed by you.

Email each of them to [intake@recoveryroadhomes.org](mailto:intake@recoveryroadhomes.org) A response will be returned within one business day unless further review is required.

Please note, without these forms, we are unable to consider you for housing at Recovery Road. If you are sent to our organization without receiving an approval confirmation, you may not be able to enter the home. Thank you for your understanding.

Updated January 1, 2026

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

DOB: \_\_\_\_\_ Desired Move In Date: \_\_\_\_\_

Last four of Social Security # (this will be your code to the door of your home) \_\_\_\_\_

1. What are your plans for the day after your intake is completed?
2. Why are you choosing to enter recovery housing?
3. Who are your main supports that enhance your recovery?

4. Have you lived in any recovery housing setting before? If so, what was your experience?
5. Have you resided at Recovery Road in the past? If so, what were the circumstances surrounding your departure? What was your experience at Recovery Road?
6. Do you have a preference of which house you would like to go to within Recovery Road? What is your reasoning for choosing that specific house?
7. What is your aftercare plan? Please note that anyone receiving funding through their local CMH is required to attend all counseling appointments in order to receive funding.
8. Are you willing to attend 5 self-help groups (AA, NA, SMART, etc.) a week for the first thirty days and 4 per week thereafter? (yes or no)
9. Do you have a preference of what type of self help group you attend? Which one? How does this program benefit your recovery?
10. Do you feel like you are currently working on a program of recovery? What are your plans to expand your program based on where you are at today? In what areas could you be doing better?
11. Do you have a sponsor or mentor? If not, what are you looking for in a sponsor or mentor? Please note all residents are required to obtain a sponsor or mentor while residing within a Recovery Road home. If yes, please list a few reasons about how this relationship impacts your life.
12. Have you read over our Rules and FAQs? Are you willing to comply with all rules?

13. Are you able to perform basic household tasks? This includes but is not limited to snow removal, bathroom cleaning, kitchen cleaning, vacuuming, dusting, etc.
  
14. Are you employed or will you be seeking employment? If not please, list your reasoning why.
  
15. Do you understand that you will be submitting to regular alcohol and/or drug screens and that refusal to do so may result in immediate dismissal from Recovery Road?
  
16. What is your date of last use? What is/was your drug(s) of choice?
  
17. Do you understand that Recovery Road does not accept marijuana usage, even with a medical marijuana card?
  
18. Are you willing to comply with our overnight policy and curfew?
  
19. How will you be paying program fees? (Please list which CMH if applicable)

Please note here any questions or concerns you may have.