



Opal Recovery Home
where new life begins

Resident Application

P: 813-474-9309

E: info@opalrecoveryhome.com

W: www.opalrecoveryhome.com

Resident Information:

Full Name: _____

Social Security Number: _____

Driver License number: _____

If you do not have a valid driver license, List what form of ID you currently have.

Phone number:

(____) _____

Email Address: _____

DOB: _____ Sobriety date: _____

Give a brief statement why you are seeking Sober Living

Have you resided in sober living in the past? No _____ Yes _____ If yes when, where and for how long?

Do you have a significant other? If so answer the below questions. If no, write N/A or leave blank.



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Name of significant other:

Relationship? _____ How long _____

Does your significant other use drugs or alcohol, even socially? Yes _____ No _____

If yes what and how often?

Is your significant other supportive of your recovery and supportive of your willingness to enroll in the program at The Opal House? Yes _____ No _____.

Are you willing to sign of release of information for your significant other? If no give your reasons why. Yes _____ No _____

Do you have any children? If yes please list their first names and ages only:

Who is caring for your children while you are in Sober living? _____

Are you involved in the court system regarding your children or involved with DCF? Yes _____ No _____ If yes please described:

Primary Contact Person # 1:

Name: _____

Relationship: _____

Phone number: (_____) _____

Address:



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Primary Contact Person # 2

Name: _____

Relationship: _____

Phone number: (____) _____

Address:

***Please answer all questions below, if not applicable write NA. If you need additional space, attach additional information to this form:**

Are you currently enrolled in a treatment program? If so list the name of the facility and the hours of the program.

Have you complete treatment recently? If so, Where? What type of treatment and length of stay?

Did you successfully complete treatment? Yes_____ No_____ If no please explain in detail why.

Are you willing to sign a release of information for that facility? If no state your reason why.

Do you currently have a sponsor? Yes_____ No_____

Sponsor name (First only) & phone number _____ () -

Are you willing to sign a release of information for your sponsor? Yes_____ No_____.



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Do you have a NA, AA or OA network? Yes _____ No _____. If so how many women do you have in your network? _____.

Are you willing to attend weekly meetings and engage in 12-step recovery?

Yes _____ No _____

Do you have transportation? Yes _____ No _____

Year, Make and Model of Vehicle: _____

Tag number: _____

Employment History:

Are you currently employed? Yes _____ No _____.

Name of Current employer: _____

How long have you been working with this company? _____

Previous Employer: _____

How long? _____ Reason for leaving _____

Do you have any medical issues that would interfere with working or volunteering full time?

No _____ Yes _____ If yes, please explain in detail.

Do you have any physical limitations? Are you able to care for yourself, showering, walking, cooking, cleaning etc. without assistance? Yes _____ or No _____.

If you have physical limitations please describe:

Medical Information:

Are you currently taking any medications? If yes, please list in the space below. Attach additional pages if necessary.



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Have you ever been diagnosed with any mental health issues? If yes, what are the diagnoses and are your symptoms currently manageable?

Have you ever attempted suicide? If yes, please describe below including dates:

Have you ever been Baker Acted to a psychiatric facility? If so when and describe below:

Do you currently engage in any type of self-harm or self-mutilation? If so describe and include the date of the last time you harmed yourself.

Are you willing to sign a No Harm Contract if permitted into the program? Yes _____ No _____

Do you currently have a physician who manages your medications? If yes, list the name of your physician, phone number and the date of your next follow up appointment: If no; referrals will be given to you.

Eating Disorders:

Have you ever been diagnosed with an Eating disorder or a Nutritional problem?

Yes _____ No _____

If yes please

decribe: _____



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Are you currently bingeing, purging or restricting your food? Yes _____ No _____

Do you have a meal/food plan you follow on a daily basis? Yes _____ No _____ If yes
describe _____

Do you see a Nutritionist or Dietician? If yes please provide their name and phone number and date of last or next appointment.

Name & telephone number:

Are you willing to submit to random drug testing? Yes _____ or No _____

Are you willing to breathalyze daily? Yes _____ No _____

Legal Issues: Do you have any current pending legal issues? If yes describe in detail below, including any upcoming court dates:

Do you a history of arrests? If so, list the year and charges below.

Length of stay:

What is your anticipated length of stay at The Opal House? _____

Are you willing to commit to a minimum of 6 months at The Opal House? If no please describe why _____

What is your anticipated admission date? ____/____/____



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FEES:	Assessment/Interview:	Rent:	Deposit:	Total Move-In:
Opal House 1	\$150	\$175 per week	\$175	\$500
Opal House 2	\$150	\$195 per week	\$195	\$540

\$150.00 is Non-refundable application and processing fee

I understand in the event I be dismissed from the program for any reason including relapse I understand any deposit or pre-paid fees will be forfeited. _____ Initials

I understand if I do not complete my 6 month commitment to the Opal House I understand that any deposit or pre-paid fees will be forfeited. _____ Initials

* All information disclosed is completely confidential. A phone assessment or intake appointment will be scheduled prior to admission to The Opal House. If you have any further questions please call us at 813-474-9309 or you can visit our website at opalrecoveryhome.com

Signature of Applicant: _____

Printed Name: _____

CRRRA Signature: _____