

Application for Residency

Please check one:

Women's House

Men's House SEP



Loudoun Serenity House

Applicant's First and Last Name		Date of Birth
Social Security Number (Optional)		Phone Number
Permanent address		Email
		COVID vaccine status
Do you have a substance use disorder?	What substance(s)?	List of drugs you use addictively
Date of last drink?	Date of last drug use?	List of all prescribed medications currently taking
When did you attend your first AA or NA meeting?		How many AA/NA meetings do you attend each week?
Are you employed? If so, who is your employer?		What is your current monthly income?
Place(s) of residence during the past two years		Driver's license number and state of issuance
		Name of last educational institution or school attended
		Are you married? If so, name of spouse
Provide name and contact info for the first reference who can vouch for your commitment to recovery		Provide name and contact info for the second reference who can vouch for your commitment to recovery

<p>Do you have a court mandated treatment(s)? Please provide charge and case number.</p>	<p>Are you on probation, parole or have an upcoming court appearance? If so, please describe the circumstances, charges and State where occurred.</p>
<p>Do you have any open court cases, warrants or active restraining orders? Please Explain</p>	<p>Provide the date of any upcoming court dates that may be applicable</p>
<p>Do you currently have any physical or mental health issues (including depression, ADHD, anxiety, overdose, suicide attempts, nervous conditions, hospitalizations, etc.)? If so, please describe.</p> <p>Loudoun Serenity House reserves the right to request a mental or physical evaluation.</p>	
<p>Are you currently engaged with any mental health service providers?</p>	<p>Service Provider Name:</p>
	<p>Service Provider Phone Number:</p>
<p>Have you ever been admitted for treatment from a suicide attempt? Please explain</p>	<p>Have you had suicide ideations in the past?</p>
	<p>Current suicidal thoughts or self-harm?</p>
<p>Father's name, address, phone number and email address</p>	<p>Mother's name, address, phone number and email address</p>
<p>Emergency contact - name, relation, phone number, email</p>	<p>Back up emergency contact - name, relation, phone number, email</p>

What are your short-term goals?	What are your long-term goals?
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How do you think residing at Loudoun Serenity House could help you?

What other information is relevant to this application?

Applicant Acknowledgement
 I understand that if my application is accepted, I will comply with Loudoun Serenity House Rules and Policies statement which I have been given the opportunity to read. I understand that these Rules and Policies may change from time to time at the discretion of Loudoun Serenity House. I further understand that my residency with Loudoun Serenity House is temporary and transitional. I acknowledge that, as a resident at Loudoun Serenity House, I am a licensee and not a tenant, and that I have no tenancy rights or interests. As such, I agree that I can be discharged from the premises immediately should it be determined by the House Manager or an Executive Director at their sole discretion to be in the best interest of the house and/or other house members. Should I refuse to leave the premises immediately upon discharge, I acknowledge that I will be considered to be a trespasser and that the local police department will be called to escort me off the property. If the house being used for Loudoun Serenity House is sold or if the lease for the house is terminated, any residency rights are automatically terminated. I release Loudoun Serenity House from any and all liabilities associated with my residence at Loudoun Serenity House. I have answered each question honestly, and I want to achieve recovery from alcoholism and/or drug addiction without relapse.

Applicant's Signature **Date**