



Great Lakes Recovery Centers, Inc.

Application for Recovery Residence

To be considered for acceptance into our Recovery Residence, the applicant must complete this application honestly and thoroughly. Our Recovery Residence is not a treatment center and hence, the cost is not covered by any insurance provider. Because of this, residents must have the ability to pay on at least a monthly basis. Our Recovery Residence offers a safe, supportive, substance free environment where residents can begin constructing a healthier life.

- Sue B's House – Women's Recovery Residence in Marquette
- Kivela Recovery Residence – Men's Recovery Residence in Marquette
- Ripple Recovery Residence - Women's & Children's Recovery Residence in L'Anse
- Gary's House – Men's Recovery Residence in Sault Ste. Marie
- Anne's House – Women's Recovery Residence in Sault Ste. Marie
- Delta Recovery Residence – Men's Recovery Residence in Escanaba

Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

How long have you lived at this address: _____ Birth Date: ____/____/____

Phone Number: _____ Alternative Number: _____

Emergency Contact (Name, Address & Number): _____

Do you plan to have a vehicle at the Recovery Residence? Yes No

Do you have a valid driver's license? Yes No Car insurance? Yes No Car registration? Yes No

Have you ever lived in a recovery residence before? Yes No If so, where and when? _____

Why did you leave the recovery residence? _____

If accepted into Recovery Residence, how long do you hope to stay? _____

Why do you want to live in our Recovery Residence? _____

What assets do you bring to the table that can benefit the atmosphere of recovery in this residence?

How do you deal with conflict? What coping skills work for you (be specific)? _____

Is there anything that you absolutely are unwilling to tolerate while living with other people? _____

Do you have any history of violence? Yes No
If yes, please explain in detail: _____

Please list any ties you have to the area in which you are applying for recovery housing (family, friends, lived here before, etc.): _____

Do you hope to bring any children with you to recovery housing? Yes No
If so, how many, and what are their ages?

If you are hoping to bring your children with you to recovery housing, how do you plan to navigate childcare? Do you have family or daycare arranged to watch your child(ren)? Describe below:

Employment/Financial Information

Are you employed? Yes No If so, who is your employer? _____

If you are not employed, how do you plan to pay for your first month's service fees?

Do you have any pending applications for employment? Yes No

If yes, where? _____

Any other source of income: _____

What is your current monthly income? _____

What is/are the specific date(s) that you receive your check(s)? _____

If you have no income, are you willing to seek employment immediately? Yes No

Do you have financial support from people in your life? Yes No

If so, how much monthly and for how long? _____

Medical History

Please list any medical conditions that you have, along with the medications are you are taking for them:

Do you have a seizure disorder or history of seizures? Yes No

Please list any physical limitations, injuries, and recent/needed surgeries:

Do you have a primary care physician? Yes No If so, who: _____

If not, where do you plan to get medical services if necessary? _____

Legal History

Are you currently on probation or parole? Yes No Probation/Parole Agent: _____

Do you have any cases pending in court? Yes No If yes, what for? _____

Do you have any violent charges? Yes No CSC charges? Yes No Arson charges? Yes No

Please list any charges/dates that you may have on your record:

Substance Use Disorder & Mental Health Treatment History

Have you ever been in substance use disorder treatment? Yes No How many times? _____

Please provide a thorough history of your substance use disorder treatment episodes (what types of treatment, what years they were in, which programs were they in, what were the outcomes of treatment) _____

What was the date of your last treatment? _____

Are you currently in any counseling? Yes No Where? _____

*You must attend Outpatient Services to stay in our Recovery Residence.

Are you currently using Methadone? Yes No Are you currently using Suboxone/Subutex? Yes No

Have you ever been diagnosed with any mental health disorder (Depression, Anxiety, etc.)? Yes No

Please list any diagnoses you have received: _____

Have you ever been involved with a Community Mental Health agency such as Pathways? Yes No

Do you take any medications for your mental health? Yes No

If yes, please list all medications, the prescribing doctor's name and the reason for the prescription:

Have you ever been hospitalized for psychiatric reasons? Yes No

If yes, please list the dates, locations, reasons for admission, and outcomes for the hospitalizations:

If yes, please describe history of attempts, history of self-injury, and most recent events:

Recovery

Please list your primary drug(s) of choice: _____

When was the last time you drank alcohol? _____

When was the last time you used drugs? _____ Which drugs? _____

How long is the longest period of abstinence you have ever had? _____

What has helped you not use in the past? _____

What are some signs we can look out for that you are about to return to use?

How many 12 step/community support meetings do you attend weekly?

Are you willing to attend a MINIMUM of 3 meetings weekly? _____

What type of meetings or community supports meet your recovery goals most effectively?

Do you have a sponsor or a recovery coach? Yes No How often do you talk/meet with them?

Do you have other recovery supports? Yes No How often do you talk/meet with them? _____

Have you worked the steps with a sponsor? Yes No Working on it

Are you involved in any other recovery programs? If so, which one(s)? _____

What are your biggest triggers? _____

How do you feel that living in our Recovery Residence will support your overall goals for your life and recovery? _____

If you are not accepted for admission into our Recovery Residence, what is your back up plan? (Please keep in mind that not everyone is accepted so it is crucial that you have a back-up plan on where you will live if this is the case) _____

Is there anything else you would like us to know about you that you believe would be useful for us in determining your admission to our Recovery Residence? _____

I have read and honestly answered all of the material on this application. I have also read the 'Rules for Recovery Residence' form and clearly understand what is expected of me if I am accepted for admission. I am applying for housing so I can continue working on myself to obtain stable, long-term recovery.

Applicant Signature

Date

Counselor Signature

Date

FOR STAFF USE ONLY

Application received by: _____ Date: _____

Date of meeting with admission committee: _____

Applicant notified of meeting by: _____ Date: _____

Accepted for admission? Yes No

If no, reason: _____



Recovery Residence Relapse Prevention Plan

Client name: _____

Date: _____

Thoughts \Rightarrow Feelings \Rightarrow Behaviors

Identify five thoughts that could lead you to relapse: (e.g. "I'll only do it one time.")

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

Identify five feelings that could lead you to relapse: (e.g. Boredom)

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

Identify five behaviors that could lead you to relapse: (e.g. Skipping self-help meetings)

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

Identify warning signs that could indicate you're falling into 'relapse mode': (e.g. sleeping a lot, irritable, isolating, etc.)

1.) _____

–

2.) _____

–

3.) _____

–

4.) _____

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5.) _____

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6.) _____

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7.) _____

–

8.) _____

–

9.) _____

–

10.) _____

Identify how others could help you if you're starting to feeling like you're slipping into 'relapse mode': (e.g. taking you to a meeting, giving you space, talking with you, etc.)

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

7.) _____

8.) _____

9.) _____

10.) _____

If you recognize you're falling into 'relapse mode', identify what [specific] steps you would take in order to not pick up and use: (e.g. talking to someone about it, calling your sponsor, going to a meeting, etc.)

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

7.) _____

8.) _____

9.) _____

10.) _____

Please identify your [healthy] supports: (name and phone number [if applicable])

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

7.) _____

8.) _____

9.) _____

10.) _____

