

MY BROTHERS HOUSE



RECOVERY SERVICES INC.

3706 5th Avenue
North Versailles, Pa 15137
(412)537-0145

Application

APPLICATION PROCESS:

1. COMPLETE APPLICATION AND SUBMIT FORM
2. COMPLETE INTERVIEW WITH HOUSE MANAGER
3. IF ACCEPTED, ARRANGE TIME AND DATE OF ARRIVAL

Please note: An acceptance letter will be issued only after the completion of the above process.

* indicates required field

*Name: _____

*Email: _____

*Re-enter Email: _____

*Date of Birth: _____

*Phone #: _____

*Emergency Contact Name: _____

*Emergency Contact Phone Number: _____

MEDICAL INFORMATION

*What is your sobriety date? _____

*Drug of Choice: _____

*Which 12 step meetings do you attend?

- AA
- NA
- CA

*Do you have any medical conditions?

- Yes
- No

If \"Yes\" please list: _____

*Are you taking any medications prescribed by a doctor?

- Yes
- No

If \"Yes\" please list: _____

RESIDENT INFORMATION

Do you have a sponsor?

- Yes
- No

Sponsor Name and Phone Number _____

*Are you involved in any legal action?

- Yes
- No

If \"Yes\" please explain:

*Are you required to register as a sex offender?

- Yes
- No

*Have you ever been convicted of arson?

- Yes
- No

*Have you ever been convicted of a felony?

- Yes
- No

If \"Yes\" how many? _____

*Are you currently on probation?

- Yes
- No

*Parole/Probation Officer Name: _____

*Parole/Probation Officer Phone: _____

*List any court-mandated treatment or any other requirements from parole, probation, or drug

Court: _____

Source of income: _____

Salary:

- Weekly
- Monthly

Referral Source (if any); _____

*Expected move in date: _____

IMPORTANT NOTICE:

My Brother’s House Recovery Services Inc. is a recovery home which requires expulsion, without prior notice or refund of deposit and fees, of any resident member who is found to be:

- 1. Using alcohol or drugs
- 2. Engaging in disruptive behavior;
- 3. In default of payment of _____ Membership fees.

You do NOT have renter’s rights or any rights of tenants pursuant to the Pennsylvania Property Code, and expressly waive any such rights in exchange for membership privileges.

I have read the above notice and understand that I am applying for membership of My Brother’s House Recovery Services Inc. as a member of a sober home. I agree to abide by the responsibilities and requirements of the house and fully subject myself to the rules of the home, which include periodic/random drug testing. I understand that I am subject to immediate expulsion from the home if any of the following occur:

Initials _____

- 1. **I use alcohol or drugs (other than prescribed medications)**
- 2. **I engage in disruptive behavior (continued patterns of irresponsible behavior are considered disruptive behavior)**
- 3. **If I leave voluntarily at any time I am required to give a 30 day written notice to My Brother’s House manager.**
- 4. **If any belongings are left behind you have 10 days to make arrangements with My Brothers House Management to pick up belongings at our main office.**
- 5. I understand that no monies will be refunded.
- 6. By signing below, I certify that the information contained in this application is true. I have read and understand the My Brother’s House Recovery Services Inc. rules and policies. I understand and accept the above conditions set forth for membership to My Brother’s House, and agree to abide by said conditions should I be accepted as a member.

Please check "Agree"

- Agree
- Not Agree

*Today’s Date: _____

*Signature _____