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.

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* 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: _____

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*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:

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*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 or bad attitude.**
3. In default of payment of **$500.00** 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 _____