Community & Family Resources
Men's Recovery House Application

Name: _____

1. What have you accomplished and/or do you hope to have accomplished during your time at Residential?

2. Why do you believe you should be admitted as a Halfway House Resident?

3. What will your treatment goals be (new and/or one you will continue to work on)?

4. What is your "Plan B" for housing options in the event that the halfway house is full or you are getting ready to discharge from Halfway House services?

5. How will you get around and how will you pay for transportation?

6. Where will you be employed?

7. What is your work experience/job skills?

8. What are your plans for your recovery environment (where will you spend your free time, who will you spend it with, etc)?

9. Are you currently on any medications? If so, what steps have you taken and/or will you take to obtain refills during and after your admission to the Halfway House program?