



# Restoration Community Living

## Recovery Housing Interest & Intake Form

Helping individuals rebuild lives through stable housing and community support.

### SECTION 1 — Personal Information

Full Legal Name

Preferred Name / Nickname

Date of Birth

Gender Identity

Pronouns

Phone Number

Email Address

Current Address / City

State

ZIP

Emergency Contact Name

Emergency Contact Phone & Relationship

Health Insurance?

Yes  No

Insurance Type / Provider

### SECTION 2 — Housing Needs

Desired Move-In Date

Anticipated Length of Stay

Referral / How Did You Hear About Us?

Current Housing Situation (check all that apply)

Homeless / Unsheltered

Shelter / Transitional Housing

Staying with Family or Friends

Inpatient Treatment Facility

Incarceration / Pre-Release

Other \_\_\_\_\_

### SECTION 3 — Recovery Background

Primary Substance(s) of Concern

Date of Last Use (approximate)

Current Recovery Program / Support (e.g., AA/NA, MAT, Counseling)

Sobriety Date (if applicable)

Treatment History (brief summary)

Currently on Medication Assisted Treatment (MAT)?  Yes  No If yes, medication: \_\_\_\_\_

### SECTION 4 — Support & Services

Services of Interest (check all that apply)

Case Management

Employment Assistance

Life Skills Training

Mental Health Support

Transportation Assistance

Financial Literacy

Peer Support / Mentorship

Family Reunification Support

Other \_\_\_\_\_

Special Needs or Accommodations We Should Know About

### SECTION 5 — Legal & Financial

Current Legal Status (check one):

No Issues

Probation

Parole

Pending Charges

Primary Income Source

Valid Government ID?

Yes  No