



SEK Recovery House

Application for Residence

16 N Buckeye St., Iola, KS

Ph: 620-380-6008 Fax: 620-380-6035

Please complete all pages of this application and submit it to SEK Recovery House in person, by email, or by fax. A staff member will contact you to schedule an interview as the next step in the application process. Submission of this application does not guarantee acceptance. SEK Recovery House is a peer-supported, single-sex recovery residence for adult men (18+) that provides a structured, drug- and alcohol-free living environment based on a social model of recovery. Residents are expected to actively participate in a recovery-oriented community, take personal responsibility for their recovery journey, and contribute to the upkeep and positive culture of the home.

Legal Name			<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	Application Date
Date of Birth	<i>Current or Last Residential Address – Where you receive mail.</i>				Phone Number	
	County of Residence				Do you give consent to leave a message? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address						
Purpose of Seeking Recovery Housing (Check all that apply) <input type="checkbox"/> I am currently in recovery from a substance use disorder <input type="checkbox"/> I am currently engaged in treatment or recovery supports <input type="checkbox"/> I would like support connecting to treatment or recovery resources <input type="checkbox"/> I am a former resident and would like to be considered for re-entry <input type="checkbox"/> I am unsure what supports I need but was referred by					Do you currently attend RECOVERY meetings? <input type="radio"/> YES <input type="radio"/> No	
					What is your recovery or sobriety date?	
Relationship Status			Family & Visitation Information (For support and planning purposes only)			
<input type="radio"/> Never Married <input type="radio"/> Single / Divorced <input type="radio"/> Married / Partnered <input type="radio"/> Widowed <input type="radio"/> ITS COMPLICATED			Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer If yes, (optional): number / ages: <i>For children under age 18:</i> Do you have an established visitation and custody schedule that may include overnight stays? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Please check the <u>Identification & Documents</u> you currently have. <input type="checkbox"/> State-issued ID or <input type="checkbox"/> Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Health Insurance					If you would like assistance obtaining any identification or documents, please indicate here (optional):	
*Lack of documents does not automatically disqualify an applicant.						
Employment & Daily Schedule (This information is used only to help plan shared responsibilities and support needs.)						
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Past 30-days Income \$ _____						
If yes, (optional): Employer / Type of Work: _____						
Typical work hours or schedule: _____						

Have you COMPLETED a drug treatment program in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes – Where did you go? _____ Date Completed: _____	
Are you <u>currently attending</u> or will plan to attend an Outpatient Treatment Program? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes – Who is/was the provider? _____	
Are you currently taking any medications that you would bring with you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	
<i>This OPTIONAL information is used for program evaluation, harm-reduction planning and required state and federal grant reporting. Providing this information is voluntary and will not be used to determine eligibility or housing decisions.</i> What substances have you previously struggled with? 	
Have you ever received naloxone (Narcan) during an overdose? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Prefer not to answer Approximate number of non-fatal overdose experiences: <input type="checkbox"/> 1 <input type="checkbox"/> 2–3 <input type="checkbox"/> 4 or more <input type="checkbox"/> Prefer not to answer.	
Are you currently connected to mental health care or support services? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I would like assistance Are there any mental health needs that could affect your ability to live independently and safely in shared housing? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to answer Are there accommodations or supports that would help you succeed? <input type="checkbox"/> No <input type="checkbox"/> Yes (please describe, optional): Examples: medication reminders, quiet space, peer support, etc.	
Are you (or will you be) involved with probation, community corrections, recovery court, or parole? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list officer name and town: _____	
Do you have a felony conviction(s) / offender registry status? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, type and details (optional): _____	
Do you currently have a pending court case or sentence? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: _____	
Have you lived in sober-living or a recovery house before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where, and when? Why did you leave? _____	
SEK Recovery House may deny housing to applicants with certain convictions, including sex-related offenses or other behaviors that could compromise resident safety. These requirements are applied consistently and fairly, in alignment with NARR standards.	
Personal Reference / Emergency Contact	
Name and Phone Number	

DISCLAIMER AND SIGNATURE

SEK Recovery House is a voluntary, abstinence-based recovery residence that provides a structured, peer-supported living environment to support recovery and community engagement. By submitting this application, you are expressing interest in joining a recovery-oriented housing community. Submission of this application does not guarantee acceptance. If accepted into SEK Recovery House, you agree to comply with house rules, including maintaining a drug- and alcohol-free lifestyle while residing in the home. This includes participating in random and scheduled drug and alcohol screening as outlined in program policies, for the purpose of maintaining a safe and sober living environment. You understand that successful completion of a drug screen is required prior to move-in. Screening requirements are applied uniformly to all applicants and are not used to discriminate based on disability or medical status. By signing below, you certify that the information provided in this application is true and accurate to the best of your knowledge. If accepted, you will receive and be expected to follow the SEK Recovery House Guidelines.

Signature: _____ **Date:** _____

Applications are accepted via email SEKrecoveryhousing@gmail.com or by fax, US mail, or in-person at the address included.

NON-DISCRIMINATION NOTICE & OPTIONAL DEMOGRAPHIC INFORMATION - CONFIDENTIAL

SEK Recovery House complies with the Fair Housing Act and the Americans with Disabilities Act. We do not discriminate based on race, color, national origin, sex, disability (including substance use disorder), familial status, sexual orientation, gender identity, or veteran status. Information provided in this application, including any optional demographic, health, or recovery-related information, is considered confidential and is collected for housing, support planning, program evaluation, and required state and federal reporting purposes.

Access to this information is limited to authorized SEK Recovery House staff and, when required, may be shared in **de-identified or aggregate form** with funding agencies or oversight bodies. Information will not be shared for purposes unrelated to program operations except as required by law or with your written consent. Disclosure of information is **voluntary** and will not be used to deny housing or services.

<p>Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> AI/AN <input type="checkbox"/> Asian <input type="checkbox"/> NH/PI <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to answer</p> <p>Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Prefer not to answer</p>	<p>Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to answer</p> <p>Sexual Orientation: <input type="checkbox"/> Straight <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Prefer not to answer</p>
<p>Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p> <p>Age Range: <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to answer</p>	<p>Substances Used: <input type="checkbox"/> Alcohol <input type="checkbox"/> Opioids (Oxy, Fentanyl, Heroin, Methadone) <input type="checkbox"/> Stimulants (Adderall, Meth, Cocaine, MDMA) <input type="checkbox"/> Cannabis / THC / Delta-9 (Kratom, 7-OH) <input type="checkbox"/> Benzodiazepines (Xanax, Valium, Klonopin) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to answer</p> <p>Have you ever been trained to use naloxone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p>
<p>Housing Status at Application: <input type="checkbox"/> Homeless <input type="checkbox"/> Unstable (family / friends) <input type="checkbox"/> Currently Incarcerated <input type="checkbox"/> Currently at an In-patient Treatment Facility <input type="checkbox"/> Stable – Looking for Reintegration Support <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to answer</p>	<p>Current Recovery Experience? <input type="checkbox"/> Early Recovery (less than 6 months) <input type="checkbox"/> Sustained Recovery (12-23 months) <input type="checkbox"/> Long-term Recovery (2+ Years) <input type="checkbox"/> Currently engaged in treatment <input type="checkbox"/> Engaged with peer support / coaching <input type="checkbox"/> Not currently engaged in any programs <input type="checkbox"/> Prefer not to answer</p>
<p>Do you identify as a person with a disability under the Americans with Disabilities Act? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p>	