



SEK Recovery House

Application for residence

16 N Buckeye St., Iola, KS

Ph: 620-380-6008

To be accepted into the SEK Recovery Housing program, complete both sides of this form and submit the application; RH staff will contact you to schedule an interview to complete the process. The SEK Recovery House is a program of the SEK Substance Misuse Prevention Coalition and Thrive Kansas.

Full name: Current address where you receive mail from and/or indicate if homeless	Last First M.I.			Date:	
	Street address Apt/Unit #			Phone:	
	City State Zip Code			Email:	
	<input type="radio"/> Homeless / Unsheltered – What date did you became homeless?				

Date of Birth		What are the Last 4 numbers of your Social Security Number		What is your declared "CLEAN" or recovery date?	
Are you an Alcoholic?	<input type="radio"/> Yes <input type="radio"/> No	Date of last alcoholic drink?		Do you currently attend recovery meetings?	<input type="radio"/> Yes <input type="radio"/> No
Are you addicted to drugs?	<input type="radio"/> Yes <input type="radio"/> No	Date of last drug use?		What recovery program do you attend?	
List the drugs you used addictively:					
Do you have the following non-expired documents or need help to obtain them? X by items you need					
State ID	Driver's License	Social Security Card	Birth Certificate	Other	
Do you have HEALTH Insurance, State / Medicaid, Medicare or other? If yes, List.		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you employed? If yes, provide name.		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If not employed, what are your job plans?					
Do you own a car or have other methods of transportation, such as a bicycle or scooter that you would bring with you? Please List.					
What is your monthly income right now?		Are you receiving SNAP or Disability benefits?		List type of benefits:	
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain?		
Do you have to register as an offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, type of registration?		

Have you completed an INPATIENT treatment program? ____ Yes ____ No	
If Yes - Write name of treatment facility:	Date Completed:
Are you currently attending or plan to attend an Outpatient Treatment Program? ____ Yes ____ No	
If Yes – Write name of provider:	
Are you or will you be involved with Community Corrections or Drug Court? ____ Yes ____ No	
If Yes - Write court location/name and/or officer you report to:	
Do you currently have an underlying sentence or pending court case that is dependent on your recovery status? If yes, explain:	
Have you lived in a Sober-Living home or Oxford House before?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, When and Where?
If you answered YES to the previous question: Why did you leave the house you were living in?	
Relationship Status	<input type="radio"/> SINGLE <input type="radio"/> MARRIED <input type="radio"/> DIVORCED <input type="radio"/> WIDOWED <input type="radio"/> ITS COMPLICATED
	Do you have children? If your children are under 18...do you have established visitation rights/schedule that will need consideration? Please list Names/Ages
What is your level of education completed?	Grades 6, 7, 8, 9, 10, 11, 12 - Trade School - Some College - Bachelors - More
List ALL prescription or over the counter (OTC) drugs you currently take, dosage and frequency.	
Is there anything you'd like us to know or consider for your application?	

Emergency Contact:

Full name: _____	Relationship: _____
Address: _____	Phone: _____

DISCLAIMER AND SIGNATURE

SEK Recovery House is a voluntary, abstinence-based, service-oriented housing program designed for community engagement to enhance your recovery journey. By submitting this application, you are expressing your desire to join a recovery community. This is a volunteer program that you are free to leave at any time. By your signature you acknowledge and agree that if you are accepted into the SEK Recovery House, you will not use drugs or alcohol at any time while living on the property and will submit to random drug tests to confirm your compliance of abstinence. With your signature, you certify that your answers on this application are true to the best of your understanding. Once accepted into the program, you agree to appear at a time that will be appointed, and you will be ready to submit a UA for drug screening. **You MUST pass the on-site drug screen to complete entry into the program.**

Signature: _____ Date: _____

SEK RECOVERY RESOURCES & HOUSING – 16 N BUCKEYE ST., IOLA, KS 66749 PH: 620-380-6008 www.SEKrecovery.org
 Submit applications to the above address in person, by mail or by email to SEKrecoveryhousing@gmail.com

FOR USE BY SEK RECOVERY HOUSE

Date APP Received:	Date Interviewed:	MOVE IN DATE:	CODE:
(____) ACCEPTED (____) NOT ACCEPTED		MOVED OUT DATE:	