

# Connect The Dots Recovery, LLC Sober Living



## MEMBERSHIP APPLICATION

Email: info@connectthedotsrecovery.com

Phone: (484)

685-1925

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENCE: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

### MEDICAL INFORMATION

How

long have you been sober? \_\_\_\_\_ Drug(s) of Choice: \_\_\_\_\_

Which 12 step meetings do you attend? (AA, NA, CA, etc): \_\_\_\_\_

Sponsor Name and Phone #: \_\_\_\_\_

List medical conditions: \_\_\_\_\_

List prescription medications: \_\_\_\_\_

### RESIDENT INFORMATION (Please circle Y or N for the following questions)

Have you ever lived in a Sober Living home? Y / N

If

yes, which one? \_\_\_\_\_

Are you involved in any legal action? Y / N

If

"Yes" please explain: \_\_\_\_\_

Are you required to register as a sex offender? Y / N

Have you ever been convicted of arson? Y / N

A felony? Y / N

How many? \_\_\_\_\_

Source of income: \_\_\_\_\_

Salary (Weekly/Monthly): \_\_\_\_\_

Option 1: Prorated Daily Rent + 2 Week Rent \$350 + \$95 intake fee **must** be paid **on or before** the day of arrival

Option 2: 1<sup>st</sup> Month Rent \$750 and \$95.00 intake fee **must** be paid **on or before** the day of arrival.

Requested Move-in Date: \_\_\_\_\_

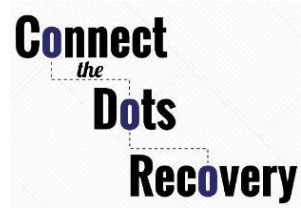
# Connect The Dots Recovery, LLC Sober Living

## MEMBERSHIP APPLICATION

Email: info@connectthedotsrecovery.com

685-1925

Phone: (484)



**IMPORTANT NOTICE:** Connect The Dots Recovery is a sober living 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 3) in default of payment of weekly membership fee. All resident tenants of Connect The Dots Recovery, LLC Sober Living are members of our recovery home. **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 Connect The Dots Recovery, LLC Sober Living as a member of a recovery home I am committing to the 6-9 month program. 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: 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) I fail to pay my weekly membership fee. I understand that if I leave voluntarily or I am discharged for ANY reason my deposits, payments, fee will be NOT be refunded for ANY reason. I understand that all membership fee's or advance payments to Connect The Dots Recovery, LLC Sober Living will be forfeited upon discharge voluntarily or involuntarily.

By signing below, I certify that the information contained in this application is true. I have read and understand the Connect The Dots Recovery, LLC Sober Living house rules and policies. I understand and accept the above conditions set forth for membership to Connect The Dots Recovery, LLC Sober Living, and agree to abide by said conditions should I be selected as a member resident.

NAME of RESIDENT MEMBER: \_\_\_\_\_  
\_\_\_\_\_(Please Print)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_

### TO BE COMPLETED AT TIME OF INTERVIEW

The membership application was reviewed with the applicant and he/she acknowledged the IMPORTANT NOTICE and requirements for membership in Connect The Dots Recovery, LLC Sober Living set forth above. The applicant has reviewed the Connect The Dots Recovery, LLC Sober Living house rules.

# Connect The Dots Recovery, LLC Sober Living



## MEMBERSHIP APPLICATION

**Email:** info@connectthedotsrecovery.com

**Phone:** (484)

685-1925

**SIGNATURE of HOUSE MANAGER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_