



ZACHARY HORTON
FOUNDATION

Zach's House on Ellery

SOBER HOME/TRANSITIONAL LIVING APPLICATION

Date: _____

Name: _____ DOB: _____ Age: _____

Current Address: _____

Phone Number: _____ Cell Phone Number: _____

Referred By: _____

Emergency Contact Name: _____ Relation: _____

City, State: _____ Phone Number: _____

Do you have a primary care physician? Y or N Name: _____

Currently in Treatment? Y or N Name of Treatment Center: _____

Case Manager/Counselor: _____ Contact Number: _____

Length of Stay at Treatment Facility: _____ Tentative Discharge Date: _____

If not currently in treatment, have you been in treatment in the past year? Y or N

Treatment Program: _____ Length of Stay: _____

Have you lived in a Sober Living Home before? Y or N Name: _____

City/State: _____ When: _____ Length of Stay: _____

Drug(s) of Choice: _____ Sobriety Date: _____

Which 12-step recovery program are you working? _____

What meetings do you attend and how often: _____

Do you have a Sponsor Y or N? If Yes, Sponsor's first name and last initial: _____

If no, why not? _____

What is your current source of income?: _____

Employer: _____ Address: _____

Supervisor: _____ Phone Number: _____

Job: _____ How long have you worked there? _____

Do you have a driver's license/state ID? Y or N Do you have a car or form of transportation? Y or N

Current Medications, Dosage & Frequency:

Are you participating in or about to enter a MOUD or other SUD program? Y or N

Program name: _____ Contact information: _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

House Manager or Director Signature: _____ Date: _____

Non-Discrimination: The landlord affirms that it does not discriminate against Tenant or applicants based on gender, sex, race, color, ancestry, religion, sexual orientation, military/veteran status, age, national origin, gender identity/gender expression, marital status or disability, in accordance with federal, state and local fair housing laws.