



Building Brighter Futures for All

732 Broadway, Suite 201, Tacoma, WA. 98402

sanctuaryfirstfoundation.org

admin@sanctuaryfirstfoundation.org

661-699-0669

Sanctuary First Foundation is a charitable nonprofit organization providing recovery housing for women serious about their sobriety. Our program offers structured community living and relapse prevention through group and one-on-one support. Applicants should be physically able to volunteer or work and house chores, emotionally willing to explore heart wounds that led to addictive patterns, and stable regarding mental health (under the care of a prescribing physician and counselor if needed). For more information, consult our program guidelines.

CONFIDENTIAL

Date of application: _____

Name: _____

Address: _____

Best phone to reach you: () _____ Date of birth: _____

Email: _____

Emergency Notification: Required

Name: _____ Relationship: _____

Address: _____ Phone #: () _____

Employment Status:

Present Employer : _____ Phone #: () _____

Occupation: _____ How long: _____

Previous Employer: _____

How did you hear about us? _____

References: Required

1. Name: _____ Relationship: _____ Phone #: () _____

2. Name _____ Relationship: _____ Phone #: () _____

What is the problem that caused you to seek help at this time?

How long has this been a problem? _____

Do you believe you're addicted to alcohol or drugs? Yes No Unsure

Please explain: _____

Drug / Alcohol History:

How long since you've used alcohol or drugs? _____ What did you use? _____

Describe your pattern of drug & alcohol use in the last 60 days:

What has been your drug of choice in the past? _____

How many times have you made serious attempts to stay in recovery? _____

What's the longest period of time you've been able to stay in recovery? _____

What has been most helpful in your past recovery attempts?

- 12-Step program
- Church / Faith
- Friends
- Family
- Self
- Other _____

Treatment History:

Have you ever received alcoholism/drug addiction treatment? Yes No

Facility:	City/State:	Date Completed?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a current 12-step sponsor? Yes No * If yes, where? _____

Expected release date: _____

Are you currently in outpatient treatment? Yes No * If yes, where? _____

Counselor name and phone number: _____

If not, have you made contact with any out-patient facilities? _____

Financial Status:

What is your monthly income? _____ Source of income: _____

Other financial resources (help from family members, etc.): _____

Legal Status:

Are you currently incarcerated? Yes No

*If yes, where? _____ Expected release date: _____

Counselor/Navigator's Name: _____ Phone #: () _____

*If yes, how can we contact you? _____

Are you currently involved in the following legal matters? Yes No

- Probation Civil Proceedings DOC
- Child custody Drug Court Family Treatment Court

Are you now or will you be a registered sex offender? Yes No Level: _____

Any court appearances pending? Yes No

* If yes, when and where: _____

Active warrants? Where? _____

Is your driver's license valid? If not, please explain: _____

How much time have you spent in: Prison: _____ In Jail?: _____

List all prior convictions 10 years to the present (if more room is needed, continue on separate page):

Conviction(s):

Date(s):

Time served:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DOC / Probation Officer's Name: _____ Phone#: () _____

Their email: _____

Medical History

Describe past and present physical and mental health challenges (include hospitalizations, major accidents, illness, and/or mental health diagnoses). If more room is needed, use separate sheet.

Have you ever had convulsions or seizures? Yes No If yes, date(s): _____

* If yes, were they related to alcohol / drug use, abuse, detox Yes No

Do you have chronic pain? Yes No If yes, please list below:

*Please list all current medications and the reason you are taking them (use separate sheet if needed):

Medication:	Reason for Medication:	Dosage:	Date Started:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any allergies to food, medications, or other: _____

Are you currently experiencing pain or having a hard time functioning?

_____ Yes, and I'm afraid I might relapse soon.

_____ Yes, and I'm worried about a future relapse.

_____ Yes, but I'm not in any immediate danger of relapse. I just want to lower my risk.

_____ No. I'm not experiencing any pain or trouble functioning, and I'm not worried about an immediate risk of relapse.

Are you currently under the care of a(n): Yes No If so, may we contact them? Yes No

MD Name: _____ Phone#: () _____

Psychologist Name: _____ Phone#: () _____

Psychiatrist Name: _____ Phone#: () _____

Therapist/Counselor Name: _____ Phone#: () _____

Are you currently involved in a relationship? Yes No

* If yes, describe your relationship with your significant other.

Do you have any children? Yes No * If yes, please list their names and ages:

Name: _____ Age: _____

Education: Highest grade completed in school: _____

Trade School Certificate(s)

Some College

Bachelor's Degree

Master's Degree

List any special training you have:

Spiritual: Describe your current spiritual beliefs:

What are some strengths you can contribute to the house community?

Is there any other information that you believe we need to know in determining our program's suitability to meet your needs?

I certify that I have completed the Sanctuary First Foundation (SFF) Recovery Program Application to the best of my ability, and as truthfully as possible. I give permission for SFF Recovery to conduct a criminal background check and to use the results in the application process, and I give permission for SFF Recovery staff to contact any individuals listed on this form.

Applicant's Signature

Date

Please email this application to: admin@sanctuaryfirstfoundation.org