Building Brighter Futures for All
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Sanctuary First Foundation is a charitable nonprofit organization that provides recovery housing for a variety of our most vulnerable women over the age of 18. 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 all program guidelines.

CONFIDENTIAL

Date of application: _____

Name: _____
First Middle Last

Address: _____

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

Your Email: _____

Emergency Notification – Name: _____Relationship: _____

Address: _____Phone #: (_____) _____

Employment Status

Present Employer _____Phone #: _____

Occupation: _____How long: _____

Previous Employer: _____

Who referred you to us? _____

References – Give MINIMUM of two references we can reach by phone:

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 Friends Self
Church / Faith Family Other _____

Treatment History: Have you ever received alcoholism/drug addiction treatment? □ Yes □ No

Facility:	City/State:	Date:	Was treatment Completed?
_____	_____	_____	□ Yes □ No
_____	_____	_____	□ Yes □ No
_____	_____	_____	□ Yes □ No
_____	_____	_____	□ Yes □ No

Do you have a current 12-step sponsor? □ Yes □ No

If Yes, Name: _____ Phone #: _____

Are you currently in an in-patient treatment facility? □ 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.): _____

Have you applied for, or do you already have any of the following yet?

☐ SNAP Benefits ☐ ABD (Aged, Blind or Disabled) ☐ HEN (Housing & Essential Needs) ☐ Coordinated Entry

*If not you may want to contact DSHS, NCAC, MRJN and/or Yakima Neighborhood Health ASAP, as they can take weeks to be awarded.

Legal Status

Are you currently incarcerated? ☐ Yes ☐ No

* If yes, where? _____Expected release date: _____

* If yes, how can we contact you? _____

Are you currently involved in the following legal matters? ☐ Yes ☐ No
☐ Probation ☐ DOC ☐ Civil Proceedings ☐ Child custody ☐ Drug Court ☐ Family Treatment Court

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

Do you have any arson convictions? ☐ Yes ☐ No
Any court appearances pending? ☐ Yes ☐ No * If yes, when and where? _____

Active warrants? Where?_____

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

_____

How much time have you spent in: Prison: _____Jail: _____

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

Conviction:	Date(s):	Time served:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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 sheets.

_____

_____

_____

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, what do you take for pain? _____

*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 the immediate risk of relapse.

Are you currently under the care of a: □MD □Psychiatrist □Psychologist □Therapist/Counselor

Please complete a ROI for each one.

Name: _____ Phone #: ( ) _____

Name: _____ Phone #: ( ) _____

Name: _____ Phone #: ( ) _____

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, list names and ages:

Name	Age

Education: Highest grade completed in school: _____ List any special training you have:

Spiritual: Describe your current spiritual beliefs:

What are your goals? Write a description of what you would need to reach these goals:

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 mail or email this application to:

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