Web Form

Zack's House Transitional Residential Program for Young Men in Recovery (ages 18-35)

APPLICATION FOR HOUSE MEMBERSHIP

Please provide the following information for use by house members and Riverbend in determining my eligibility and appropriateness for membership. **Answer all questions that apply. Type or print all information. Use additional sheet if necessary.**

Name:_____
(last) (first) (middle)

Date of Birth:_____/_____/_____ Social Security Number_____

Are you currently homeless / without a permanent place to live? Yes ____ No____

Current Address: _____
(street) (city) (state) (zip)

Telephone numbers: Home_____ Cell_____ Email: _____

Your sobriety date:____/____/_____ If you have been in a substance abuse treatment, either in-patient or out-patient within the last three years, give the name of each program (i.e. detox, treatment center, halfway house),the dates you attended, and the reason for leaving: _____
_____
_____

Do you currently participate in self-help: Yes____ No_____

Name of program (s):_____ How many meetings do attend per week?_____

Name meetings, day/night, and location of home group:_____

Do you have a sponsor: _____If no, why not: _____

What is your current source of income? _____Employment ____Disability payments of $_____per month

Other (explain:_____

Job description: _____Weekly net income: $_____ How long there:_____

List sources and amounts of other weekly income: _____
_____

What is your marital status: ____Single ____Married ____Separated ____Divorced

Current Legal Involvement such as Probation, DCF, Restraining Order, Drug Court, Family Court?_____

Are you participating in or about to enter a Medication Assisted Treatment program? ___Yes ___No

Medication(s)? _____
_____

List names and numbers of two individuals who may be contacted in the event of an emergency:
1._____
(name) (phone number(s) (relationship)

Send Complete Application to: Riverbend 101 Jackson Street, Lowell, MA 01852 or Fax: 978-937-2559 or email to Zacks@riverbendmv.org

2._____
(name) (phone number (s) (relationship)

Have you ever lived in any type of sober housing? ____Yes ____No

Name and address of house:_____

Dates of residence:_____

Reason for leaving:_____

Name, address, and phone number of your last landlord:_____

Have you ever been convicted of arson?_____ or have a current legal status? _____

IMPORTANT NOTICE: The nature of Zack's House requires expulsion, without prior notice or refund of any deposits, of any member who is found by the proprietors who hold the lease on the property to: 1) be using alcohol or drugs or 2) be in default of weekly house share of expenses or 3) be guilty of disruptive or any behaviors that threaten the wellbeing of the property and / or the other members that reside at Zack's House. A member of Zack's House is not a tenant of Riverbend but is a member of the transitional residential program, which is Zack's House. Such member is NOT entitled to any of the rights or protections that a tenant would be entitled under Massachusetts's law.

I have read the above notice and understand that I am applying for membership in Zack's House as a member of the transitional residential program and not as a tenant. I agree to abide by Zack's House principles and fully subject myself to the rules and expectations of this house including periodic drug testing. I understand that I am subject to immediate expulsion from the house by the proprietors who hold the lease on the property if any of the following occur. 1) Use alcohol or drugs (other than prescribed medications); 2) I fail to pay my weekly house share of expenses and or fees; 3) I engage in disruptive and or any behaviors that threaten the wellbeing of the property and / or the other residents who reside at Zack's House. I understand that if I am expelled from the house for any of the above reasons there will be no refunds.

By signing below, I certify that the information contained in this application is true, that I understand and accept the conditions set forth above for membership in Zack's House, and that I agree to abide by said conditions should I be accepted as a resident of Zack's House. **Zack's House members must be eighteen (18) years old and not older than thirty-five (~~3~~5) at time of admissions.*

Date: _____ Signature:_____

TO BE COMPLETED AT HOUSE INTERVIEW: The within application was reviewed with the applicant and does acknowledge the IMPORTANT NOTICE and the requirements for membership in Zack's House set forth above and agreed to abide by same.

Date:_____ Authorized Zack's House Representative:_____

All Zack's House members <u>MUST</u> pay first month and last month fees <u>BEFORE</u> they will be permitted to move into the house. Proof of Income Verification is necessary.

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