

Application for Membership at Steppingstones Recovery Homes



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Mission Statement: To bridge the gap between where you are and where you are going!

Applicant Name: _____ Requested move in date: _____

Applicant Phone #: _____ Email: _____

PERSONAL INFORMATION:

Applicant Social Security #: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Sponsor Name: _____ Sponsor Phone #: _____

Emergency Contact: _____ Contact Phone #: _____

Relationship to you: _____

How long have you been sober? _____ Drug(s) of Choice: _____

Marital status: _____ Kids? No _____ Yes _____ Do you have any relationship goals or concerns? _____

How did you hear about Steppingstones? _____ Were you referred? No _____ Yes _____

By whom? _____

Why do you think you're a good fit for sober living? _____

Have you ever lived in a Sober Living home before? No _____ Yes _____ Which one? _____

Highest grade completed _____ Any Certifications / Degrees _____

EMPLOYMENT / INCOME INFORMATION:

How do you plan on paying for sober living? _____

Source of income: _____ Salary: _____ Paid? Weekly Bi-weekly Monthly

Will you have financial help from your family or others No _____ Yes _____ For how long? _____

Do you have a valid driver's license? No _____ Yes _____ Will you have a car at the recovery house? No _____ Yes _____

MEDICAL INFORMATION:

List any prescription medications: _____

List medical conditions and any allergies: _____

Do you have any mental health diagnosis? No _____ Yes _____ please describe: _____

Have you ever experienced any suicidal ideations, attempts, or received in-patient treatment for self-harming behaviors?
No _____ Yes _____, please describe: _____

Are you having any thoughts of harming yourself or others now? No _____ Yes _____, Please explain

CRIMINAL INFORMATION:

Do You have any current or pending charges? No _____ Yes _____, please explain: _____

Are you currently on probation / parole? No _____ Yes _____

Officer Name _____ Number _____

Have you ever been convicted of any crime No _____ Yes _____, What were the charges? _____

Have you ever been ARRESTED AND/OR CONVICTED of a sex related crime/offense? No _____ Yes _____
please explain: _____

Are you required to register as a sex offender? No _____ Yes _____ Explain: _____

Do you have any felonies? VIOLENT / ARSON If yes, please explain: _____

ADDITIONAL INFORMATION: _____

What are your short-term goals?

1. _____
2. _____
3. _____

What are your long-term goals?

1. _____

2. _____

3. _____

Disclaimer: By signing below, I am stating that my answers to the above questions have been truthful and accurate to the best of my knowledge. I understand that deliberately making false statements and responses to any of the above questions may result in immediate eviction from the premises. Steppingstones Recovery Homes Requires Your Honesty, a core principle, vital to maintaining a healthy and sober life.

Signature _____

Date _____