

Purpose House Sober Living

Purpose Living, LLC

PERSONAL INFORMATION

PLEASE PRINT YOUR FULL NAME

	/	/	
FIRST			DATE OF BIRTH

MOST RECENT/FORMER ADDRESS

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STREET ADDRESS

UNIT NUMBER

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CITY

STATE

ZIP CODE

THE ABOVE ADDRESS IS: (Circle one)

YOUR HOME YOU MAY

RETURN TO

PARENTS HOME

LAST PLACE YOU RENTED

CONTACT INFORMATION

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MOBILE PHONE #

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EMAIL ADDRESS

ARE YOU (Circle one):

Never Married

Married

Partnered Separated Divorced

ARE YOU WILLING TO COMMIT TO A MINIMUM
3-MONTH STAY:

REFERRED TO
PHSL BY:

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INITIAL HERE

MOST RECENT TREATMENT INFORMATION

FROM: / /		NAME:
TO: / /		()
DATE	NAME OF MOST RECENT FACILITY	COUNSELORS NAME AND PHONE #

Sobriety		LONGEST LENGTH OF		DATE OF LAST DRINK:	/ /
Date:	/ /	CONTINUED SOBRIETY:	MONTHS/YEARS	DATE OF LAST USE:	/ /

DO YOU CONSIDER YOURSELF AN ALCOHOLIC (Circle one):	YES/NO
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DO YOU CONSIDER YOURSELF AN ADDICT (Circle one):	YES/NO
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DRUG(S) OF CHOICE:		OTHER DRUGS YOU HAVE USED ADDICTIVELY:
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	MEDICATIONS	CONDITION	DOSAGE
LIST ALL PRESCRIPTION			

*Purpose House Sober Living will contact this party in all emergency situations, including discharge.

Lock box number:

Lock box code:

This is a legal and binding document please read it very carefully

I realize that this sober house to which I am applying for residency has been established in compliance with the conditions of 2036 Federal Anti Drug Act of 1988,

P. L. 100-690 as amended which provides that the house require the residents to:

- a) Prohibit all residents for using any alcohol or illegal mind altering substances**
- b) Expel any resident who violates such prohibition**
- c) Share household expenses including the monthly program fees, among residents**
- d) Utilize democratic decision making within the group where appropriate including inclusion and expulsion from the group.**

_____ I have been provided with a copy of and have read and fully understand
The rules, regulations, and expectations as part for Purpose House Sober Living LLC (Purpose Living, LLC)

_____ I am currently of sound mind and not under the influence of any drugs or alcohol;

_____ I agree that I am a participant in a program and not a tenant. I agree that I am not
Protected by nor will I invoke any protections of local landlord tenant laws. If it is found that local
Landlord tenant law applies I hereby renounce any rights that I may or may not have relating to
the same.

_____ I agree that I will participate in the programs of PHSL and will abide by all its rules and regulations;

_____ I specifically agree that if I violate any of the rules and regulations of PHSL, I can be expelled
from PHSL and forfeit any rights to my sober deposit and prepaid program fees. I agree that final determination
for any disciplinary action will be made by PHSL and may not be appealed;

_____ I agree that if I am expelled from PHSL, I forfeit my sober deposit and prepaid program fees.

_____ I hereby release and hold harmless PHSL from any and all lawsuits that may be brought by me, any
member of my family and heirs in perpetuity for any tort or action whatever.

RESIDENT SIGNATURE

DATE

WITNESS SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

DATE