PLEASE READ ENTIRE APPLICATION
Recovery Home Application

As part of an individual’s ongoing recovery process, it is important to consider the benefits of residing in a drug free, peer supported recovery home. Studies have demonstrated how persons recovering from substance use can experience long term recovery when participating in treatment options that offer continued recovery structure and support to enhance one’s transition back into community living.

This application and information packet has been developed to assist an individual in making a determination regarding the goal of long term recovery. In order for an individual to be considered for the Rosecrance Adult recovery home program, please follow the steps outlined below.

1. Complete the Recovery Home pre-screening form, answer all of the questions in the packet and return it to Rosecrance Lakeview. Completed applications can be returned by email (not a confidential form of communication), mail or fax. The addresses and phone numbers are found on the bottom of this page. We recommend that you call Rosecrance Lakeview to confirm that your application was received. **The applicant only needs to return pages 6-14 of the application packet. Pages 1-5 are yours to review and keep.**

2. Once the Lakeview Recovery Home receives the pre-screen and the answers to the questions, your application will be reviewed in order to determine whether our program is clinically appropriate. Staff will contact you to discuss the status of your application and the next steps for admission, obtain additional information, and answer any questions you may have about our program and treatment options. If you are currently in a program in which you have limited access to receive telephone calls, you will need to call Lakeview after you submit your application to discuss the status of your application.

3. If you are scheduled for an admission into the recovery home program, you will need to bring with you a valid state ID or your original social security card and/or your original birth certificate. We will not be able to complete your admission into the recovery home program without proper identification. In addition, all program fees and a $100 deposit is due upon admission.

**Lakeview address**
3701 N. Ashland Ave
Chicago, IL 60613

**Lakeview Phone Number**
(773)975-4047

**Lakeview Fax**
(815)720-9177

Thank you for your interest in the Rosecrance Lakeview Recovery Home Program.
Areas to consider before entering a recovery home:

- You may want to consider a recovery home if you have had a difficult time maintaining your recovery; or if other living arrangements available to you do not offer the recovery support you may need.
- Consider you priorities. Does your recovery rank ahead of other concerns in your life? Significant other, house, employment, family?
- Understand that you will be living and rooming with other residents. It is important to weigh the sacrifices it may take for you to live cooperatively with others against the possible benefits of living in the supportive, structured environment of a recovery home.
- Consider what it might be like to live with others who may be very different from you (older, younger, different culture, etc.).
- Look at many different recovery home programs. Call and visit. It is important to see the places you are considering. Ask about rules, structure and what services are available to you within each program. Some questions you may have:
  - Rules of the program
  - Whether there any program fees
  - Types of services offered in the facility and community
  - Ability to work while in the program
  - Whether residents are allowed to have a vehicle
  - Types of public transportation available
  - How many roommates reside in an apartment
  - Whether visitors are allowed
- Talk to someone residing in the places you are considering. Ask them what they like and don’t like about the program.
- Have you involved your significant other/family in this decision?
- Have you considered your counselor’s recommendations?
- How long am I able to reside in the program?
  - The average length of stay at Recovery Homes varies in length. However, many individuals reside within recovery home living for 3 to 9 months. You may choose to stay up to 2 years.
- Begin thinking about this early in treatment to give yourself plenty of time to check places out and make a decision that is right for you.
The benefits of living in the Lakeview Recovery Home

- Alcohol and drug free living environment
- Ongoing recovery education
- Focus on health and wellness, including assistance with fitness and nutrition
- Support in accessing local resources and navigating public transportation if needed
- Recovery peer support and fellowship for ongoing recovery
- Sober, social and recreational activities to decrease isolation and build one’s social network
- Academic Coaching
- Assistance in job search and/or continuation of educational goals
- Assistance with budgeting and money management to promote savings for future independent living
- Enhance knowledge and skills to enjoy a rewarding recovery program
- Develop and enhance leadership skills
- Friendships and fellowship opportunities that frequently continue after moving out
- Stable housing during the stress of early recovery
- Knowledgeable, experienced and supportive staff

Expectations and Requirements of residing in a Rosecrance Recovery Home

- No possession or use of alcohol or other illicit/mood altering substances
- Attendance at 12 step meetings
- Weekly contact with a sponsor
- $100 Security deposit required upon admission
- Have a legitimate means of financial support
- Monthly program fees made in a timely manner
- Cooperative and harmonious living in the house
- Participation in cleaning of the apartment and common living areas
- Respect towards agency and peers’ personal property
- Adherence to recovery structure and program guidelines
- Maintenance of your personal wellness and relapse prevention skills
- Learning daily living skills to maintain balance and structure in one’s recovery
- Work, attend school and/or Volunteer in the community
Items to bring to your admission appointment:

- $100 Deposit and any assessed program fees.
- Income Verification-W-2, last year’s tax return, or Social Security Administration Income verification
- Pillow, linens, blankets for a twin bed
- Personal towels
- Personal hygiene items (no alcohol-based products such as after shave, mouthwash)
- Toiletries
- Laundry supplies-detergent, plastic hangers, laundry basket (there is a washer/dryer in each unit)
- Recovery reading materials
- Alarm clock
- Writing materials
- State I.D./Driver’s license
- Small lamp for the dresser (optional)
- Food Items
- 30 day supply of approved medications contained within the original bottle/packaging
- State Identification, Social Security Card, or original birth certificate
- Ventra card (this is the Chicago Transit Authority card used to access public transportation, available at grocery stores, Walgreens, CVS, or any CTA train station)

Possible items to bring

- iPod
- Cell phone
- Laptop computer or iPad

You will need to provide your own food, cleaning supplies and paper products. If you do not have finances for food we will assist you with obtaining benefits that you may qualify for with the Department of Human Services. You will also need to maintain any medications that you have been prescribed. If you will need assistance obtaining medications or accessing healthcare providers, we will refer you to community based medical, dental, or mental health services.

The recovery homes are fully furnished. You will not be able to bring additional furniture items into the apartment.

Vehicles are NOT permitted at the Lakeview recovery home. Training in using public transportation will be provided.
Pre-Screening Form

Name:_____________________________________________________________ Date:__________________________

Age: __________ DOB:_____________ Phone #:__________________________

Address:________________________________________________________________________________________________

Emergency Contact name:_________________________________________ Phone #:__________________________

Client source of funding/income:__________________________________________________________

List current medications/dosage:________________________________________________________________________

________________________________________________________________________________________________

Referral Source/phone #__________________________________________________________

Counselor/Caseworker name:________________________________________________________________________

Counselor/Caseworker phone #:_______________________________________________________________

Admit date to current treatment episode (inpatient, IOP):_______________________________

Estimated discharge date:_________________________ Do you have a car?____
Please answer the following questions to the best of your ability. The way you answer these questions is very important. Answer them in COMPLETE sentences. Do not answer them with one word answers—meaning no “yes” and “no” answers. If you need more room, please attach an additional sheet with your responses. The more details you give us the better we will be able to determine whether our program meets your needs.

1. **Presenting Problem**

Why are you seeking services of a recovery home? What do you expect from staying at a recovery home and how will it help your recovery? What do you want to accomplish?

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Have you ever lived in a sober living or a recovery home before? Yes ☐ No ☐

• If yes, where and when did you live there? What was helpful? Not helpful?

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How long do you feel you need to stay in a recovery home?

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Do you know what you plans will be after leaving the recovery home? Yes ☐ No ☐

• If yes, what are they?

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What are your priorities and what will you need to sacrifice?

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What is your current living situation? What barriers to recovery are there for you in this environment?

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2. Substance Use History
Briefly describe your alcohol/drug history.
- Include the substances that you have used, as well as the amount and the duration of your use, and any history of overdose.

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What is your current clean time? What is the longest period of time you’ve been clean before?

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Briefly describe your treatment history.

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<th>Program</th>
<th>Dates of Stay</th>
<th>Successful completion?</th>
<th>What was helpful?</th>
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Are you interested in seeking any outpatient treatment services at this time? Yes ☐ No ☐

Have you worked a program of recovery before? Yes ☐ No ☐
- If so, please describe what you did in your personal recovery program (meetings, sponsorship, etc.).
What do you need to change to remain in recovery?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Do you have a sponsor?  Yes ☐  No ☐  If yes, what is their name? ________________________________

3. Mental Health History
Have you ever been diagnosed with a mental health concern?  Yes ☐  No ☐
  • If yes, what is the diagnosis? What treatment are you currently receiving?
__________________________________________________________________________________________
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Are you taking any medication for mental health concerns?  Yes ☐  No ☐
  • If yes, please list all medications below:

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<th>Name</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Prescribing Doctor</th>
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Will you have a 30 day supply upon admission to the recovery home?  Yes ☐  No ☐

Have you ever had any thoughts of committing suicide?
  • If yes, please describe the thoughts, when you last had them, and any suicide attempts.
__________________________________________________________________________________________
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Do you have a psychiatrist?  Yes ☐  No ☐
  • If not, would you like a referral for a psychiatrist?  Yes ☐  No ☐

Do you have an individual therapist?  Yes ☐  No ☐
  • If not, would you like a referral for a therapist?  Yes ☐  No ☐

Do you have any history of trauma (abuse, neglect, bullying, etc.)?  Yes ☐  No ☐
  • If yes, please describe as much as you feel comfortable explaining.
  • Have you addressed any of these issues in the past, and if so how?
4. Social History
What was your family environment like while growing up?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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Do you have a significant other?  Yes ☐  No ☐  Do you have children?  Yes ☐  No ☐
• If yes to either of these questions, what is your relationship like?
__________________________________________________________________________________________
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Who is supportive of your recovery? Are they supportive of you moving into a recovery home?
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Is there anyone who might negatively affect your recovery?
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5. Medical History
Have you been tested for TB in the past year?  Yes ☐  No ☐  Date:_________  Result:______________
Do you have any ongoing medical needs for which you are receiving treatment?  Yes ☐  No ☐
• If so, what type of care are you receiving?
• Please name any doctors or clinicians from whom you are receiving care.
List any medications that you are currently taking and reason.

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Do you have any dietary restrictions or allergies?    Yes ☐   No ☐
  • If yes, please describe:
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

6. Education/Occupational History
What is the highest level of education you have reached?
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

Do you have any certifications?    Yes ☐   No ☐ If yes, what? ________________________________

What are your plans for continued education?
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

What work experiences have you had?
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Are there any restrictions or barriers that will prevent you from working?
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7. Financial
Do you have any income?    Yes ☐   No ☐
  • If yes, from where and how much do you receive a month? If no, who provides your financial support?
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Do you have any debt (Past bills, court fines, medical, etc.)?  Yes ☐  No ☐  
  • If so, how much?  

8. Legal  
Have you ever been arrested?  Yes ☐  No ☐  
  • If yes, please list the charge, if you were convicted, and any sentence served.  

Are you currently on parole, probation, or supervision?  Yes ☐  No ☐  
  • If yes, for what charge, how long, in what county, who is your parole/probation officer?  

What do you like to do for fun; do you have any hobbies?  

What are your strengths?  

Do you have any experience with taking public transportation?  Yes ☐  No ☐  

Do you have any concerns or issues that may interfere with taking public transportation? Yes ☐  No ☐  
  • If yes, please describe:  

Is there anything else you would like us to know about you?  

ROSECRANCE RECOVERY HOMES
Lakeview Recovery Home Client Application

Please answer Yes or No if you agree to the following statements prior to acceptance into Lakeview programming:

1. I will not use of alcohol or other substances of abuse:  Yes ☐   No ☐

2. Pay a security deposit ($100.00):  Yes ☐   No ☐

3. Pay a program fee:  Yes ☐   No ☐

4. Attend support meetings in the community and develop a support network:  Yes ☐   No ☐

5. Obtain a sponsor within one month of your admission to this program:  Yes ☐   No ☐

6. Work toward harmonious living in the house:  Yes ☐   No ☐

8. Help keep an orderly and clean apartment and environment:  Yes ☐   No ☐

9. Respect others’ property:  Yes ☐   No ☐

10. Be responsible and follow all rules:  Yes ☐   No ☐

11. Accept consequences when a rule has been violated:  Yes ☐   No ☐

12. Practice stress management skills:  Yes ☐   No ☐

15. Complete recommended length of stay:  Yes ☐   No ☐

16. Work, attend school, and/or volunteer within 6 weeks of admission to this program:  Yes ☐   No ☐

Please sign below acknowledging that you read this packet and answered honestly.

____________________________________________________________________

________________________________________   __________________________
Signature                          Date
The following section is to be completed by your referral source.

Referral Source Name:___________________________________________

Agency:_____________________________________________________

1. Counselors assessment for referral: __________________________________________________________

________________________________________________________________________________________
________________________________________________________________________________________

2. Client diagnosis/medications/Doctors name: ________________________________________________

________________________________________________________________________________________
________________________________________________________________________________________

3. Progress in current placement: __________________________________________________________

________________________________________________________________________________________
________________________________________________________________________________________

4. Describe how the client responds to program rules, suggestions or to authority: ______________

________________________________________________________________________________________
________________________________________________________________________________________

5. Recommendations-Additional Comments or Information:____________________________________

________________________________________________________________________________________
________________________________________________________________________________________

__________________________________________________
Signature

________________________________________
Date