



**References** - Provide two references we can reach by phone:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Drug and Alcohol

Do you believe you are addicted to alcohol or drugs?  Yes  No  Unsure

Please explain: \_\_\_\_\_

How long since you have used alcohol or drugs? \_\_\_\_\_ What did you use? \_\_\_\_\_

Describe your pattern of drug & alcohol use in the last 30 days: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Recovery History

How many times have you made serious attempts stay in recovery? \_\_\_\_\_

What is the longest period you have been able to stay in recovery? \_\_\_\_\_

What has been most helpful in your past recovery attempts?

12-Step program

Counseling

Self-directed

Faith

Family

Other \_\_\_\_\_

## Financial

What is your monthly income? \_\_\_\_\_ Source of income: \_\_\_\_\_

Other financial resources (help from family members, etc.): \_\_\_\_\_

## Legal

Are you now or will you be a registered sex offender?  Yes  No level: \_\_\_\_\_

How much time have you spent in: Prison: \_\_\_\_\_ Jail: \_\_\_\_\_

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

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

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

DOC / Probation Officer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical History

Do you have any serious medical conditions or physical disabilities?  Yes  No

If yes, please explain any related special needs: \_\_\_\_\_

\*Please list all current medications and the reason you are taking them

Medication	Reason for Medication	Dosage	Date Started
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## Goals

Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Educational            | <input type="checkbox"/> Career development            |
| <input type="checkbox"/> Job skills             | <input type="checkbox"/> Family reunification          |
| <input type="checkbox"/> Financial independence | <input type="checkbox"/> Regaining custody of children |
| <input type="checkbox"/> Entry level employment | <input type="checkbox"/> Community engagement          |

What are some strengths you can contribute to the house community?

---

---

---

Applicant's Signature

Date

*Please email, or fax mail application to:*

*Liyas House Foundation*  
*401 Broadway Ste 100, Tacoma WA 98402*

[info@liyashousefoundation.org](mailto:info@liyashousefoundation.org)

[www.liyashousefoundation.org](http://www.liyashousefoundation.org)



Liyas House  
FOUNDATION