

APPLICATION FOR HOUSING

TO BE CONSIDERED FOR HOUSING AT MSCL HOUSE, PLEASE FILL OUT THIS FORM AND EMAIL TO THE HOUSE MANAGER INFO@MSCLHOUSE.ORG OR CALL (208) 481-0182 TO MAKE ARRANGEMENTS FOR AN INTERVIEW.

FIRST NAME: _____ LAST NAME: _____ AGE: _____

CONTACT NUMBER: _____ EMAIL ADDRESS: _____

SINGLE MARRIED PARTNER DIVORCED WIDOWED # CHILDREN: _____

MSCL HOUSE REQUIRES THAT APPLICANTS ARE IN ACTIVE RECOVERY.

Are you currently in recovery? YES NO If YES, for how long? _____

Are you currently participating in a recovery program? Indicate type of program and name of provider.

Where do you reside currently (city/state)? _____

*If incarcerated, where did you reside prior to incarceration? _____

Indicate which counties you have (family, friends, community, work) connections to?

BLAINE CAMAS CASSIA GOODING JEROME LINCOLN MINIDOKA TWIN FALLS

Have you been in outpatient or inpatient treatment? YES NO If YES, how many times? _____

What is your drug(s) of choice? _____

Are you currently involved in a Medication Assisted Treatment (MAT) program? YES NO

FOR PURPOSES OF THE FOLLOWING QUESTIONS, A CONVICTION INCLUDES ANY GUILTY PLEA, REGARDLESS OF FORM, INCLUDING A PLEA OF NO CONTEST OR WITHHELD JUDGEMENT.

Have you ever been convicted of a felony? YES NO

Have you ever been arrested or convicted for any crime related to domestic violence? YES NO

Have you ever been convicted of any crime against any person that was then under 18 years of age?
 YES NO

Are you a registered sex offender in any jurisdiction? YES NO

Have you ever been convicted of any sex crime (whether registration is required or not)? YES NO

If you answered YES to any of the above, please explain:

Are you currently on PAROLE, FELONY PROBATION, or MISDEMEANOR PROBATION
 PRETRIAL RELEASE INCARCERATED?

If yes, please indicate the offenses and dates. _____

Name and Phone Number of Parole/Probation Officer:

Please, note we will be contacting your P&P, pretrial officer, or case manager to verify your record and inquire about your LSI score.

EACH MSCL HOUSE RESIDENT IS REQUIRED TO PAY HIS SHARE OF THE HOUSING EXPENSES.

Are you currently employed? YES NO If YES, how many hours a week? _____

If NO, do you have an employment plan? Please Explain:

Do you have any questions or concerns that need to be addressed at the interview?

What is the date that you would like to move into MSCL House?

Immediately Other Date: _____

____ (initial). I understand that MSCL House does NOT offer formal treatment, has no clinical staff nor clinical training and as such, MSCL House does not have treatment options for a more intense level of care.

____ (initial). I understand that if I am accepted in MSCL House that I will be in a shared living environment with other individuals in similar situation. I declare that I am self-sufficient, and I will make a genuine effort to become productively involved in the MSCL House community by abiding by MSCL House Rules, Policies and Procedures, and by remaining clean and sober at all times.

I CERTIFY THAT ALL THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE AND CORRECT AND THAT I HAVE ANSWERED EACH QUESTION HONESTLY. IF ACCEPTED AT MSCL HOUSE, I DECLARE THAT I AM COMMITTED TO MAINTAINING ABSTINENCE AND WORKING ON MY RECOVERY WHILE LIVING AT MSCL HOUSE.

PRINTED NAME

DATE

SIGNATURE

FOR MSCL HOUSE STAFF USE ONLY

ACCEPTED PENDING REJECTED REASON: _____