Sober Living Home Application and Interview Form

For Prospective Residents – Submission and Contact Information Included

Application and Interview Form

Thank you for your interest in joining our Agency. Please complete all sections of this form. When finished, email the completed form to soberlivingreferrals@choicerecoverypath.com with the subject line "Client name-Sober Living." If you have any questions or need assistance, contact us at 505-526-7258 or the email above.

Section A – Client Application (Completed by Applicant)
Applicant Information
Date of Application:
Legal Name (First, Middle, Last):
Current Address (City, State, Zip):
Phone Number:
Email Address:
Date of Birth & Age:
Gender:
Emergency Contact
Name:
Relationship:
Phone:
Substance Use & Housing Needs
Primary Substance(s) of Use:
Date of Last Use:
Date Housing Needed:
Please check appropriate box:

Albuquerque: ☐ Men's House ☐ Women's House Las Cruces: ☐ Men's House ☐ Women's House ☐ LGBTQ+ House
Current prescribed medications (list):
Physical & Mental Health Assessment
Physical health rating (1–10):
Medical issues to address:
Assistive devices:
Allergies:
Current medications (medical or psychiatric)
Do you have enough medication for the next 30 days?
Legal Status
Do you have Medicaid?
Do you have other insurance?
Receiving disability benefits?
Convicted of misdemeanor or felony?:
Substances involved at time of offense?
List all charges (explain any violent charges)
Pending legal charges?
On probation or parole?
If yes, officer's name:
Any warrants?
Any sexual offenses?

Disclosure and Consent for Release of Information

I authorize the Sober Living Home and its representatives to obtain and release confidential information as necessary for my application process and continued residency. This may include communication with healthcare providers, treatment centers, probation/parole officers, or other relevant institutions/individuals. All information will be handled in accordance with privacy laws and regulations.

Names and contact information of any institutions/individuals we may contact:	

House Rules and Policies Acknowledgment

By signing below, I acknowledge that I have received, read, and understood the Sober Living Home's house rules and policies, including but not limited to:

- Zero tolerance for substance use or possession on the property
- Respectful behavior toward staff and residents
- Participation in house meetings and assigned chores
- Compliance with curfew and visitor policies
- Immediate notification of staff regarding any incidents or concerns

I agree to comply with all house rules, Recovery Guest Handbook, and understand that violation may result in dismissal from the program.

Signature and Date

Applicant Signature	
Printed Name	
Date Signed (MM/DD/YYYY)	

Contact and Support Information

If you have questions or need help completing this form, contact our staff at 505-526-7258 or soberlivingreferrals@choicerecoverypath.com. We are here to support you throughout your recovery journey.