

The Affinity House Application

A Recovery Community for Adult Women
Nantasket Avenue, Hull, MA 02045

Date of Application: _____ Referred by: _____

Last Name First Name M.I.

Cell Phone Number: _____ Sobriety Date: _____

Date of Birth: _____ Height: _____ Weight: _____ Hair: _____

Social Security Number: _____ License/State ID: _____

Marital Status: _____ Children (Age & Gender): _____

Car: Y N Make: _____ Model: _____ License Number: _____

Emergency Contact (Name, Number, Relationship): _____

Source of Income/Rent Payment: Employment Unemployment Social Security Disability

Scholarships (Name/amount): _____ MASH Assistance (which program): _____

Employer: _____ Employer Phone Number: _____

Active Restraining Orders: Y N If yes, which court? _____

Probation: Y N Probation Officer Name: _____

Parole: Y N Parole Officer Name: _____

Open Criminal Cases? Y N If yes, explain: _____

Substance(s) of Abuse: _____

Past IV Drug User: Y N

Addiction Treatment (Name of facility, length of treatment, type of treatment, etc.): _____

Mental Health Diagnoses (Doctor, Year of Diagnosis, Treatment Plan): _____

Medications Prescribed (Names, Dosage & Frequency): _____

Prescribing & Primary Care Doctor: Y N If yes, please provide name and number: _____

Type of Insurance: _____

Allergies to Cats: Y N

(Multiple cats in this home with access to every room, no exceptions made)

The Affinity House Contract

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I, _____, have responded accurately and honestly to all the information requested in The Affinity House Application. **My intentions are to remain abstinent from alcohol and illicit drugs of any kind.** I am responsible enough to manage my own medications and understand that The Affinity House reserves the right to inspect prescription bottles for pill count and accuracy of administration and to enter and inspect my room at any time. I have neither been charged, nor convicted of arson, or any sexual related crimes. I will abide by all house rules and perform my daily/weekly chores assigned to me. I will meet all probationary and/or parole requirements. I understand that residing at The Affinity House makes me a member of the surrounding communities and I will conduct myself in an orderly fashion; living within the laws of the state as they are written and being a responsible roommate/neighbor. I understand that The Affinity House staff may contact my probation/parole officer at any time to update and share information and notify if I fail a drug test or am asked to leave The Affinity House. Also, I understand I am required to give two weeks' notice prior to moving out. If I am asked to leave for violating house rules, or for failing a drug test, I understand that I forfeit my last week's rent.

I understand that The Affinity House is my home and I have the same responsibilities that I would have as if I was living at home. This includes being respectful towards others, picking up after myself, paying my rent on time, and volunteering my time as designated by the staff. Also, I will not take anything that does not belong to me, including food, clothing, or any other items. **The Affinity House is a zero-tolerance house. I will not use alcohol/drugs or mind-altering substances. I will not steal. If I am to leave the house, I will have 72 hours to pick up my personal belongings. After 72 hours, I understand that any items left behind become property of The Affinity House.**

Signature of Resident

Date

Signature of Staff Member

Date