

Application for Recovery Housing

To be accepted in a VHN Home, an applicant must complete the entire application and be interviewed before approval. Carefully read the application and honestly answer the questions. Living in a VHN Home is a privilege. By abiding by the specific home's policies and procedures you can achieve comfortable sobriety without relapse and enjoy a comfortable living environment.

After completing this application, please mail it to:

Value Housing Nevada, Inc
3395 S Jones Blvd, Ste. 325
Las Vegas, NV 89146

If you have any questions, please contact us.

Phone: 702.205.0637

Email: info@valuehousingnevada.com

We also have a secure online application on our website that you may fill out and submit to us. Please visit our website at: www.ValueHousingNevada.com



Helping Others Help Themselves

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Please print clearly

Print Name (Last, First, Middle)			Date of birth (MM/DD/YYYY)
Present Street Address			Your contact information
<input type="checkbox"/> Check if treatment facility			Home or Cell phone ()
			Work phone ()
			Email
City	State	Zip	List drugs you use addictively
Are you an alcoholic?		Date of your last drink?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you addicted to drugs?		Date of last drug use?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
When did you attend your first AA or NA meeting?			How many AA or NA meetings do you now attend each week?
Do you want to stop drinking alcohol and using addictive drugs?			Are you employed?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you getting welfare or other non-job related income?			If you do not have a job, will you get one?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', what?			If 'Yes', what job plans do you have?
What is your <u>monthly</u> income right now?			What do you expect your <u>monthly</u> income to be next month?
\$			\$
Marital status (Check one)			
<input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			

Do you have a medical doctor?

Yes No If 'Yes', list the doctor's name & phone number

Have you ever been to a treatment facility for alcoholism and/or drug addiction?

Yes No If 'Yes', list the treatment provider, phone number, and primary counselor, if any

Do you take prescription drugs?

Yes No If 'Yes', list drugs and reasons the drugs have been prescribed

Date of move-in?

Immediately Other If 'Other', list the date you would want to move in, if accepted, and why the date is in the future rather than immediately?

Date:

Reason:

Have you ever lived in sober living before?

Yes No If 'Yes', provide the name and location of the sober living home and answer the next question

(Answer this question if you answered 'Yes' to the above question)

I left the previous sober home for the following reason

Relapse Voluntarily Other reason(s) _____

Do you owe money to the Oxford House you left?

Yes No

If you do owe money to the Oxford House you left, do you agree to repay the money you owe to your former Oxford House?

Yes No

Emergency Telephone Numbers (List family doctor, if you have one, plus two family members or friends)		
Name & Address	Relationship	Telephone
1)		
2)		
3)		
<p>I understand that the Value Housing Nevada Inc home to which I am applying will have its own set of policies and procedures that I must follow. Should I choose to act in opposition to the policies and procedures of the home, I forfeit my right to living in the home, and any refund of deposits and rent. These policies and procedures will be presented to me prior to my acceptance and agreement to living in the home.</p>		
Use this space for additional relevant information		
<p>I have read all of the material on this application form, including the limitations set forth therein. I have also answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse</p>		
Signature:	Date:	
_____	_____	
<p>Please mail this completed application to: Value Housing Nevada, Inc 3395 S Jones Blvd, Ste. 325 Las Vegas, NV 89146</p>	<p>If you have any questions, please contact us. Phone: 702.205.0637 Email: info@valuehousingnevada.com</p>	