



APPLICATION FOR WILLOW WAY AND/OR CRESCENT WAY RECOVERY HOMES

This form is for those interested in applying for acceptance into either Willow Way Recovery Home (located in Harrisburg, PA) or Crescent Way Recovery Home (located in Lancaster, PA). Interested individuals should complete the application in its entirety. Complete applications can be returned via fax to 717-972-0925.

For more information about Willow Way Recovery Home, Crescent Way Recovery Home, or Evergreen Halfway House, contact Lydia Thomas, Program Manager, at 717-412-4594 by phone or lthomas@cchbg.org by email.



Application

Date: _____

Willow Way

Crescent Place

Interview Date/Time: _____

Referred By: _____

Phone _____

NAME:		DOB:	Age:
Current or Previous Address		City	State
Cell Phone		Home or Alternative Phone	
Social Security Number	Marital Status	County of Residence	
(1) Employer/Income Name		Start Date	
Employer/Income Address		City	State
Employer/Income Phone		Immediate Supervisor	
Monthly Gross	Pay Cycle: Daily Weekly Bi-Weekly Monthly		
(2) Employer/Income Name		Start Date	
Employer/Income Address		City	State
Employer/Income Phone		Immediate Supervisor:	
Monthly Gross:	Pay Cycle: Daily Weekly Bi-Weekly Monthly		
List Any Other Monthly Financial Obligations and Amounts (i.e. child support, costs/fines, debt, taxes):			
Do You Give Permission to Contact Your Employer to Confirm Your Employment and Income? <i>(You will need to provide copies of one month worth of paystubs)</i>			
Yes or No		Applicant's Signature:	
Probation or Parole: Yes No Pending		County/State of Probation/Parole:	
Probation Officer:		Probation Phone:	
Do You Give Permission to Contact Your Probation Officer to Confirm Your Charges and Terms of Probation?			
Yes or No		Applicant's Signature:	
List Charges (If Applicable, including Pending):			
Dates:	Charge:	Disposition:	
List Any Violent Charges or Charges That Would Prevent You From Living In Close Proximity To Children:			



Do You Have Medical Insurance: Yes No Pending		List Medical Company:	
Is This a State Medical Assistance Plan: Yes No		Is This Insurance Through Self? List Who.	
PCP Name:		PCP Phone:	
List Any Ongoing, Chronic, Medical Conditions:			
List of Medications (Physical Health and Psychiatric):			
List Any Mental Health Disorders, Including Drug and Alcohol:			
MH Counselor:		Agency:	
Phone:		Start Date:	
Psychiatrist:		Agency:	
Phone:		Start Date:	
D&A Counselor:		Agency:	
Phone:		Start Date:	
Emergency Contact:		Phone:	Relation:
Do You Give Permission to Contact Your Psychiatrist and D&A Counselor to Confirm Your Attendance and Meds?			
Yes or No		Applicant's Signature:	
Are You Pregnant: Yes or No		If Yes, how many months:	
If pregnant, have you been using illicit or non-prescribed drugs or medications: Yes or No			
List These Illicit or Non-Prescribed Medications (If applicable):			



List Your Children and Ages:

Name:	Age:	Where Does He or She Live:

When Is Your Clean/Sober Date:

Sponsor Name/Number:

Do You Attend AA/NA/CA or any other 12-Step Meetings: Yes or No

How Often Do You Attend These Meetings:

List the Days and Times of Your Meetings:

Days:	Times:

Do You Have A Home Group: Yes or No

Have You Been In Any Of The Following Treatment Services In The Last 12 Months (Check Each One):

(Check)	Type:	Agency:	Dates:
	Inpatient D&A		
	Inpatient MH		
	Short Term Residential		
	Halfway House		
	Partial MH		
	Partial D&A		
	Outpatient MH		
	Outpatient D&A		
	Co-Occurring Disorder Residential		
	Co-Occurring Outpatient		
	Faith Based Residential Program		

Are You Willing to Secure a Sponsor, Attend Meetings 5/7 days, and Follow Treatment Recommendations?

Yes or No

Applicant's Signature:



Willow Way and Crescent Place are Homes for Women in Recovery. Your application for residency will be screened. You will receive a follow up call or letter in order to schedule an interview or to clarify any information.

No one listed in this application will be contacted until you have secured a deposit. Feel free to ask some questions when you are called before you schedule the interview, but understand staff might not be able to answer all of your questions thoroughly until the interview.

There are some general expectations of all tenants which are defined in the Tenant Handbook and will be discussed with you during your interview. However, there are some non-negotiable expectations that need to be understood before your interview.

Please, initial the following requirements indicating your understanding of some of these expectations.

Initials	Expectation
	<i>You will need to secure a sponsor within 30 days of residency and attend weekly meetings</i>
	<i>You will need to attend 5 daily meetings a week upon residency</i>
	<i>After attending 5 meetings per week for 3 months, you will need to attend 3-5 meetings a week for the remainder of your residency</i>
	<i>You will need to work or volunteer or a combination of both at least 20 hours a week, regardless of receiving any kind of supplemental income</i>
	<i>You will be able to work dayshift and second shift only. Overnight shifts are not permitted.</i>
	<i>You will need to attend a weekly house meeting and recovery classes during the week</i>
	<i>Children will be permitted to visit, but not stay overnight.</i>
	<i>If you lose your job, you have two weeks to find alternative employment</i>
	<i>A security deposit and one month's rent is due upon residency</i>
	<i>A two week notice is needed to receive a full refund of a security deposit as well as all property in good condition. A security deposit is not refunded if a resident uses alcohol, illicit drugs, non-prescribed medications, non-approved mood altering chemicals or supplements, benzodiazepines, narcotics, and certain sedatives and muscle relaxers.</i>
	<i>There is a zero tolerance of alcohol, illicit drugs, non-prescribed medications, non-approved mood altering chemicals or supplements, benzodiazepines, narcotics, and certain sedatives, muscle relaxers, and energy drinks.</i>
	<i>This recovery house is under the supervision of Catholic Charities, Diocese of Harrisburg. Although it is not required to espouse to the Catholic religion this recovery house will have a spiritual and religious emphasis. You will be required to attend 2 religious events of your choice a month this may include church or bible study services or religious recovery meetings or religious/spiritual retreats and functions. Your religious preference is your choice.</i>
	<i>Due to the spiritual nature of the program one of your weekly in-house classes will focus on recovery and spirituality. Some of the material used may be religious in nature, but will always tie in to recovery and spirituality without prejudice.</i>



Thank you for applying to our Home for Women. Your signature below indicates that everything you completed in this application is true and accurate. If you agree to residency, part of your residency will be based on the truthfulness of this application, therefore, any information that is found to be inaccurate may be cause to terminate residency or may affect your eligibility of residency.

X _____ Date: _____
Applicant Signature

