

**Sullivan House**  
**Sullivan County DOC**  
**19 Sullivan Street**  
**Claremont, NH 03743**

The purpose of the Sullivan House living program is to foster the physical and social growth of the Sullivan County community affected by addiction. Sullivan House seeks to facilitate the further recovery of individuals recently released from incarceration by providing them with community support, programming, educational opportunities and contacts needed for successful reentry in the community.

**Application for Sullivan House Living Program**

Today's Date: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M/F \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contacts (2 contacts minimum)

Name/relationship: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*I verify that these emergency contacts have been notified that they are listed on this form.*

\_\_\_\_\_ applicant's initials

**References:** Please list two personal references whom we may contact. References may include a recovery sponsor or recovery coach and may be same as above. References may not be a relative.

Name/relationship: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

*I verify that these references have been notified that they are listed on this form.*

\_\_\_\_\_ applicant's initials

**Personal History**

1. Tell us about yourself, your family and the events that led to your desire to seek sober living.
  
2. What you like to accomplish while living in Sullivan House?
  
3. How can we support you in accomplishing your goals?
  
4. What previous accomplishments are you are most proud of?
  
5. If you could change one thing in your life, what would it be?
  
6. What do you like to do in your spare time (hobbies, interests, etc.)?
  
7. Please describe your recent housing history (last three residences), including how long you lived there and why you left.

8. Have you ever attempted to be substance free in the past? If so, what worked for you in the past? What didn't?
  
9. Do you have any educational goals?
  
10. Do you have any goals for your family?
  
11. Do you need services for your family?
  
12. Do you have the means to pay the program fees? Are you willing to fully comply with all program/resident rules?
  
13. Are you aware that non-compliance with the program/resident requirements will lead to discharge from the facility?
  
14. Have you ever been convicted of an arson crime?
  
15. Have you ever been, or are in the process of being, convicted of a sex crime?

**Work Status**

Current Employer:

Date of Hire:

Employer Location:

Supervisor:

*Do you intend to continue working for this employer while you reside at Sullivan House? Y/N*

**Financial Disclosure**

1. Sources of Income:

- a. Employment \$ \_\_\_\_\_
- b. Family Support \$ \_\_\_\_\_
- c. SSI Monthly \$ \_\_\_\_\_
- d. SSDI Monthly \$ \_\_\_\_\_
- e. Workers' Compensation \$ \_\_\_\_\_
- f. Public Assistance (Explain): \$ \_\_\_\_\_
- g. Other (Explain): \$ \_\_\_\_\_

**Total Estimated Monthly Income:** \$ \_\_\_\_\_

2. Monthly Expenses:

- a. Housing \$ \_\_\_\_\_
- b. Food \$ \_\_\_\_\_
- c. Car \$ \_\_\_\_\_
- d. Child Support \$ \_\_\_\_\_
- e. Restitution \$ \_\_\_\_\_
- f. Tuition \$ \_\_\_\_\_
- g. Other (Explain) \$ \_\_\_\_\_

**Total Estimated Monthly Expenses:** \$ \_\_\_\_\_

3. Do you have a checking account? Yes No

4. Do you have a savings account? Yes No

**Education**

**School Name** **Dates** **Grades Completed**

High School:

College:

HiSet:

Other:

*Do you plan to continue your education while residing at Sullivan House?*

**Health/Medical**

1. Please list any physical/mental health conditions we need to be aware of:
  
  
  
  
  
2. List any prescribed medication that you are taking:
  
  
  
  
  
3. List current medical providers and their contact information:

**VERIFICATION**

**I certify that all of my answers and information provided above are true and complete. I understand that false or misleading information in my application or interview may result in rejection or termination of my housing.**

---

**Applicant Signature**

**Date Signed**

**CONFIDENTIALITY AGREEMENT**

**As a participant of Sullivan House, I understand that I must respect and protect the privacy of other participants who are treated here, just as they must respect and protect mine. I understand that anything that I see, hear, read, know or learn about anyone MUST be kept confidential. By signing below, I agree to comply with this Confidentiality Agreement and to remind others of their responsibilities as well.**

---

**Applicant Signature**

**Date Signed**

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, give permission to the Sullivan County Department of Corrections to release and/or receive any information regarding my medical, physical, housing, legal or criminal, treatment and any drug and/or alcohol history to/from the agencies/persons listed below. *Please initial the agencies from which you are currently receiving or have received assistance or services.*

<u>Agency</u>	<u>Contact Name</u>	<u>Applicant's Initials</u>
NH Division of Children, Youth & Families		_____
Department of Corrections		_____
Previous Landlords		_____
Social Security Administration		_____
Educational Institutions (e.g. River Valley Community College, UNH Cooperative Extension)		_____
Mental Health Provider		_____
Primary Care Provider/Medical		_____
SUD Treatment Center		_____
NH Department of. Employment Security		_____
Public Housing or Homeless Shelter		_____
Claremont Housing Authority		_____
Southwestern Community Services		_____

---

**Applicant Signature**

**Date Signed**

**ADMISSIONS CRITERIA**

This document is designed to inform the admission process for Sullivan House. Before Admission can be considered the following MUST be in Place:

- Completed Application
- Signed Housing Agreement
- Signed Financial Obligations Agreement
- Criminal Record Release Authorization form
- Three most recent paystubs
- Referral from treatment (non-TRAILS)

Priority	Score
<input type="checkbox"/> Sullivan County Resident	10 points
<input type="checkbox"/> TRAILS Graduate within the last 12 months	40 points
<input type="checkbox"/> Referral from Turning Points Network, TLC, WCBH, Mom's In Recovery, Southwestern Community Services or other community provider	30 points
<input type="checkbox"/> Completion of non-TRAILS Inpatient Treatment in the last 12 months	30 points
<input type="checkbox"/> Employed	10 points

**All applications will be reviewed and considered for admission. A lower score does not mean individuals will not be accepted to participate in the program. Residents who reside outside of Sullivan County may be admitted to Sullivan House with delegation approval.**