



# Aaron's House Resident Application

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**Aaron's House provides a nurturing, affirming, peer support environment in which students in recovery from addictive disorders can successfully pursue academic, personal, and professional goals for the purpose of enhancing their quality of life and becoming productive members of society. Aaron's House is an active part of a collegiate recovery community and is open to male students, ages 18 to 26, who have maintained a minimum of 90 days of abstinence from alcohol and drugs (unless prescribed), and are actively pursuing higher education and ongoing recovery in the Madison area.**

Application Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Best Times to Call: \_\_\_\_\_

Email: \_\_\_\_\_

Parent(s) Name and Contact Information: \_\_\_\_\_  
\_\_\_\_\_

**List all of your alcohol and drug use and recovery dates from each:**

1. RECOVERY DATE:

2. RECOVERY DATE:

3. RECOVERY DATE:

4. RECOVERY DATE:

**CLEAN, SOBER & HEALTHY**

**What does recovery mean to you? Also, please explain how recovery plays a part in all areas of your life. Add additional sheet if necessary.**

**COMMITMENT TO ACADEMICS**

**How do you see academics enhancing your recovery and supporting your objectives? Add additional sheet if necessary.**

School Attending/To Be Attended: \_\_\_\_\_

Admission Date/Course of Study/Credits per Semester: \_\_\_\_\_

\_\_\_\_\_

Circle one (current status): FR SOPH JR SENIOR GRAD

**CONNECTED IN YOUR COMMUNITY**

**How are you connected to your current recovery community (home group, treatment center, church fellowship, sponsor, etc)? How will you connect to the Madison area recovery community? Add additional sheets if necessary.**

**EMPLOYMENT**

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Hourly/weekly income: \_\_\_\_\_

Hours per week: \_\_\_\_\_ How long you have worked there? \_\_\_\_\_

Volunteer Work, if applicable: \_\_\_\_\_

Frequency: \_\_\_\_\_ daily \_\_\_\_\_ weekly \_\_\_\_\_ monthly \_\_\_\_\_ sporadically

**MEDICAL**

Please identify any medical conditions and age of onset that indicate a need for staff and residents to be aware or trained about your condition in order to safely aid you in times of medical crisis or could potentially pose a threat to the health of others. This should include seizure disorders, diabetes, asthma, allergies, HIV/AIDS, Hepatitis, etc. Please also list any physical limitations due to disability that may require special accommodations. The presence of a medical condition or physical disability does not constitute ineligibility for services. We ask this information for support service purposes only.

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**MENTAL HEALTH**

Please list any previous or current mental health diagnoses and age of onset for each.

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**MEDICATIONS**

Please list any medications prescribed for medical, mental health or substance abuse needs over the last 3 years, excluding anti-biotic treatments. Listed with each, please indicate the purpose of

the medication and whether the drug is a current or discontinued prescription along with the prescribing doctor's name.

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### **HOSPITALIZATIONS**

Please list any medical or psychiatric hospitalizations in the past 10 years. Include location, dates, duration, purpose, and completion status of each.

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### **ADDICTIONS TREATMENT**

Please list clinicians (physician, counselor...) or treatment centers that provide(ed) service to you. Identify type of treatment (detox, residential, outpatient...), dates of treatment, and treatment status (still involved, successfully completed, withdrew, etc).

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### **CRIMINAL JUSTICE INVOLVEMENT**

Please list your involvement with criminal justice. Identify type and dates of involvement (arrests, incarceration, probation, parole...).

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## Student Resident Interests Inventory

This section is to help us understand areas of life where our potential residents would like community support, companionship, or learning opportunities through mentorships, classes, or the development of sober social clubs. Please check all items that interest you.

<input checked="" type="checkbox"/>	Activity	<input checked="" type="checkbox"/>	Activity
	Adventure/Extreme sports		Personal Fitness
	Animals		Political Issues/Social Change
	Art		Psychology/Self-Help
	Biking		Reading/Book Club
	Camping/Hiking		Recovery Work
	Car Repair/Mechanics		Running
	Career Guidance		School Help/Tutoring
	Cooking		Sober Social Activities
	Craftsmanship/Building/Construction		Spirituality/Religion
	Dance/Expressive Movement		Sports - Participatory
	Do It Yourself Projects/Home Repair		Sports- Spectator
	Environmental Concerns/Activism		Theatre
	Financial Planning/Budgeting		Travel
	IT/Computers/Electronics		Volunteerism/Leadership
	Music		Other hobbies

YES	NO	<b>ELIGIBILITY REQUIREMENTS SURVEY</b>
		I am committed to my recovery and ongoing abstinence from alcohol and drugs (other than prescribed)
		I will support my peers in recovery to the best of my ability
		I have a minimum of 90 days in recovery from alcohol and other drugs (unless prescribed)
		I am between the ages of 18- 26
		I will be a college-level or trade school student while I'm a resident at Aaron's House
		I will work or volunteer as specified in my Individual Lifestyle Plan
		I will abide by my contractual agreement with Aaron's House
		I will treat the house property and my housemates with respect
		I will take personal responsibility for notifying Aaron's House representatives of any issues or concerns while I'm a resident
		I will contribute to a cooperative, peer support house culture
		I will follow the house rules established between myself and my housemates
		I will give back to my community through volunteer projects
		I will work with mentors who can help me fulfill my personal goals and growth

I hereby certify that all the information I provided in this application is accurate to the best of my knowledge. I also understand that Aaron's House will not disclose any of this information to any other party without my written authorization via a specific release/disclosure form. I am aware that additional information may be necessary before final approval is made regarding this application.

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Applicant Signature & Date