

# Application for SHIP Affiliated Housing

**(Please Use BLACK INK)**

To be accepted into SHIP Housing an applicant must complete both sides of this application and be interviewed by The SHIP staff. Phone interviews can be arranged if needed. Carefully read the application and honestly answer the questions.

SHIP provides separate facilities for Men and Women. Please indicate the type of housing needed. Clean and Sober Housing is a step down program that does not have a predetermined length of stay – how long you stay depends on you and your needs. Check type of house desired: Is this a duplicate application?  Yes  No

<input type="checkbox"/> House for Men Boise Only	<input type="checkbox"/> House for Women Boise Only	<b>Fax Completed Application to 208-331-0904</b>	<input type="checkbox"/> I need to schedule a phone interview.
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Date you need housing?  Immediately  Other If “other” list the date you want to move in, if accepted, and why the date is in the future rather than immediately. Date: \_\_\_\_\_ Reason: \_\_\_\_\_

### Applicant Information

Print Name (Last, First, Middle)			Date of Birth: Month      Day      Year		
Present Address (Street) Check if <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Correctional Facility			Phone Where You Can Be Reached Home: (    )		
Tier:                      Unit:			Work (    )  Message (    )		
City	State	Zip			
Do you have any aliases or other names you have used?			<b>Specials Programs:</b> <input type="checkbox"/> Homeless <input type="checkbox"/> Veteran <input type="checkbox"/> Honorably Discharged <input type="checkbox"/> Other than Honorably Discharged <input type="checkbox"/> Dishonorably Discharged		
Are you an alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of your last drink		Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is your employer?	
Are you a drug addict? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of your last drug use?		How many hours per week do you work?	
Are you currently drinking alcohol and/or using addictive drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			If you are not currently employed you are required to participate in SHIP’s Work Skills Program. Reasonable accommodations will be made for persons with disabilities.  <input type="checkbox"/> I agree to participate.		
Each member of the house is required to pay their share of the housing expenses. What is your source of income? Please list:  (There may be financial assistance through the VA, BPA or for persons who are homeless. SHIP will assist you in determining your eligibility for various programs)			What do you expect your monthly 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					

SHIP Houses are Recovery Homes and require that residents be in recovery from alcohol or substance abuse, please indicate the type of program you are participating in to work on your recovery: <input type="checkbox"/> Detox and intensive outpatient <input type="checkbox"/> Residential Treatment <input type="checkbox"/> 12 Step Program <input type="checkbox"/> Other (specify): _____		List any and all felony convictions: . .
Have you ever lived in SHIP Housing before? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: .		
If you are under the supervision of the Idaho Department of Corrections, please indicate your IDOC number _____ IDOC Facility: _____ Your case manager's name _____ Your case manager's phone number _____ Your Tentative Parole Date (TPD), if applicable: _____ Will you be topping your time? _____		Please provide three personal references. Name Phone 1 _____ 2 _____ 3 _____
Are you on: Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No Parole? <input type="checkbox"/> Yes <input type="checkbox"/> No Involved in Drug Court? <input type="checkbox"/> Yes <input type="checkbox"/> No Mental Health Court <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who do you report to? Name Phone number _____	
Have you been <b>charged</b> with any violent crimes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:  Have you been <b>convicted</b> of drug manufacturing or distribution? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:  Are you required to register? <input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, I understand and agree to meet the following expectations, if accepted for residency into SHIP Housing:

- I agree to remain clean and sober at all times. \_\_\_\_\_ (Initial)
- I agree to pay my fee assessment in advance. I understand if I fail to pay my fee assessment I will be expelled from the SHIP Housing. \_\_\_\_\_ (Initial)
- I agree to keep SHIP Housing free from alcohol and illegal drugs at all times. \_\_\_\_\_ (Initial)
- I agree to enter into an Individual Behavioral Contract and abide by the terms. \_\_\_\_\_ (Initial)

I certify that ALL the information I have provided to SHIP is true and correct. I have read all the material on this application form including the limitations above. I have answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction with relapse.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to: **Housing Coordinator**  
**Supportive Housing and Innovative Partnerships, Inc.**  
**P.O. Box 8803**  
**Boise, ID 83707 (208) 331-0900 Fax: (208) 331-0904**  
**No collect calls will be accepted.**