

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 Housing Manager. Carefully read the application and honestly answer the questions.

SHIP provides separate facilities for Men, Women, and Women with Children. If we receive enough requests to fill a house for men with children we will develop such a program. Please indicate the type of housing needed. The Therapeutic Community is an intensive 90-day program that is the first step in the SHIP Housing Continuum. Clean and Sober Housing is a step down program that does not have a predetermined length of stay – you depend on you and your needs.

Check type of house desired: Therapeutic Community Clean and Sober Housing

Is this a duplicate application? _____

<input type="checkbox"/> House for Men	<input type="checkbox"/> House for Women	<input type="checkbox"/> Women with children (Therapeutic Community Only)	<input type="checkbox"/> Single men with children (In development)
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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: ()
City	State	Zip	Work ()
			Message ()
Do you have any aliases or other names you have used?			Specials Programs:
			<input type="checkbox"/> Homeless <input type="checkbox"/> Veteran
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 will be assigned to a Therapeutic Community for the Work Skills Component.
Each member of the house is required to pay their share of the housing expenses. What is your source of income? Please list:			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			
Oxford 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:			List any and all felony convictions:
<input type="checkbox"/> Detox and intensive outpatient <input type="checkbox"/> Residential Treatment <input type="checkbox"/> 12 Step Program <input type="checkbox"/> Other (specify): _____			

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. <table border="1"> <thead> <tr> <th>Name</th> <th>Phone</th> </tr> </thead> <tbody> <tr> <td>1 _____</td> <td>_____</td> </tr> <tr> <td>2 _____</td> <td>_____</td> </tr> <tr> <td>3 _____</td> <td>_____</td> </tr> </tbody> </table>	Name	Phone	1 _____	_____	2 _____	_____	3 _____	_____
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 Crt <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who do you report to? <table border="1"> <thead> <tr> <th>Name</th> <th>Phone number</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Phone number	_____	_____				
Name	Phone number								
_____	_____								
Have you been charged with any violent crimes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____	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								

List any additional information you would like us to consider when reviewing your application: _____

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. I understand that if I violate this policy I will immediately expelled from SHIP Housing. _____ (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)
- In accepting these terms, I understand that I exclude myself from the normal due process afforded by local landlord-tenant laws. _____ (Initial)

I certify that ALL the information I have provided to Oxford House 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 Manager**
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.