



## Shekinah Communities, Inc.

This agreement ('the agreement'), made this \_\_\_\_\_, of \_\_\_\_\_ 2023, by and between Shkeinah communities Inc, and \_\_\_\_\_ ('member'). The parties hearby agree as follows:

### Premises:

Subject to the terms and conditions of this agreement, Shekinah Communities hearby enters into an agreement with \_\_\_\_\_ on the premises located at \_\_\_\_\_.

### Term:

The term of this agreement shall commence on the \_\_\_\_\_, of \_\_\_\_\_ 2023 and shall be on a **three (3) month probationary period**, or either party provides a **two (2) week notice**, or member is given a **three (3) day notice to vacate**. In the event Shekinah Communities shall move or relocate premises, both parties will decide whether the member will coninute to be a member of Shekinah Communities. Shekinah Communities has not made any guarantee that this is a permanent location. Should the member violate any terms of this agreement or House Rules, member is subject to a nonrenewal or **three-day notice to vacate** with forfeiture of all monies paid for not giving a 2 week notice to Shekinah Communities. A two (2) week notice may no tbe given in certain circumstances.

Initial \_\_\_\_\_

## **Rent:**

The fee shall be \$ \_\_\_\_\_ per month. Fees are due on the 1<sup>st</sup> of each month. The room is a \_\_\_ Semi Private \_\_\_ Private \* \_\_\_ Holdover

**\*Residents must move into bedroom when it becomes available.**

**Initial** \_\_\_\_\_

## **Late Charges:**

Any membership payment not made on the 3<sup>rd</sup> day of the month will be considered late. Shekinah Communities Inc. may levy a late payment charge equal to **\$5.00** per day on any overdue member fees.

**Initial** \_\_\_\_\_

## **Application Fee:**

Members shall pay a nonrefundable application fee in the amount of **\$50.00** due upon acceptance prior to the membership agreement.

**Initial** \_\_\_\_\_

## **Pets:**

No animal, birds, or other pet shall be brought on or kept on the said premises unless it is an emotional support dog.

**Initial** \_\_\_\_\_

## **Guests:**

There will be no overnight guests and all guests can visit on weekends only and must leave the property by 8:00pm. Guests are not allowed in the bedroom, cannot go in the refridgerators, or any other area than those specifically designated as Guest Area. Under no circumstances can guests be a using addict, under the influence, or in possession of any mind-altering drugs or committing crimes. You are responsible for your guest when they vsiit. If any of these activities take place your guest will no longer be able to visit. **Due to covid-19, there will be no visitors at this time until further notice.**

**Initial** \_\_\_\_\_

## **Quiet Enjoyment/Safety:**

Each member shall be entitled to quiet enjoyment on the premises. The member must be a good fit and have a compatible personality for the house.

The member shall not use the premises in a way as to violate any law or ordinance, commit waste or nuisance, or annoy, disturb, inconvenience, or interfere with the quiet enjoyment of any other or nearby member. Any member that keeps up disturbances, chaos, or any of the above-mentioned behaviors will be subject to renewal of the membership agreement.

A member shall not directly or indirectly threaten or verbally assault another member and shall not engage in physical violence nor possess any weapons of any kind or display a bad attitude or disposition. Members are not allowed to enter another member's room without prior approval. If you have any concerns about another member, it should be addressed to the House Manager.

No stealing, lending or borrowing of any resident's property, food, etc. is allowed without a resident's permission. If any of these activities take place, it shall be considered a breach of this agreement and member shall not have his/her membership agreement renewed. If member is on parole or probation at time of infraction, parole or probation office will be called in certain circumstances concerning your membership at Shekinah Communities. It is strongly recommended that all members carry no more than **\$25.00** on their person at this residence as Shekinah Communities is not liable for monetary loss sustained due to theft. We care about our members having a place to live so we will give the parole or probation officer time to find offending member another place to reside. Arrangements can be made to try and get you into a treatment center; if you agree and complete the treatment program you may be able to return.

**Initial** \_\_\_\_\_

### **Maintenance:**

Any maintenance issues are to be reported to the House Manager immediately upon discovery and allow reasonable time for any maintenance issues to be resolved.

**Initial** \_\_\_\_\_

### **Damages:**

Members shall use all appliance, fixtures and equipment in a safe manner and only for the purposes for which they are intended and shall not litter, destroy, deface, damage or remove any part of the premises. If any member breaks anything, member may be held responsible for replacing or paying for the items broken.

**Initial** \_\_\_\_\_

### **Alterations and Storage:**

No substantial alterations, addition or improvement or defacing of doors, windows or rooms shall be made by any member to the premises without the permission of the House Manager in writing. Such consent shall not be unreasonably withheld but may include the member agreeing to restore the dwelling unit to its prior condition before moving out. There is no extra storage space available to members. Items that exceed member's assigned space will not be allowed to be stored elsewhere on the property. You are not allowed to bring any additional furniture into said property unless prior approval by House Manager. If this is violated, you may be asked to remove it. Any property not removed from said premises when you move will be considered abandoned and therefore become the property of Shekinah Communities after three (3) days of departure.

**Initial** \_\_\_\_\_

### **Termination:**

If you are arrested for anything other than municipal tickets, it will be considered a violation of membership agreement which will result in non-renewal of membership.

Either party may terminate this agreement if the member is not a good fit or the member is not comfortable; a written notice by either party shall be submitted for terminating this agreement and your parole/probation officer may be called in certain circumstances.

**Initial** \_\_\_\_\_

### **Monies Paid:**

Your monies will be refunded if you give a TWO (2) WEEK NOTICE. Violation of any House Rules or the agreement, or if you decide to move out early will result in forfeiture of any refund.

**Initial** \_\_\_\_\_

### **Assignment and Sublet:**

Member shall not sublet the premises or assign this agreement without the prior written consent of Shekinah Communities. Any such attempt to sublet or assignment by the member shall be a breach of this agreement.

**Initial** \_\_\_\_\_

### **Notices:**

Any notice shall be two (2) week notice, and you should give the notice in writing. If not, you will forfeit any monies owed. If proper notice is given, the balance of fee will be returned.

**Initial** \_\_\_\_\_

### **Smoking:**

No smoking inside the residence! You may smoke in the designated smoking area. Smoking inside the residence is a violation of the agreement and offending member will be terminated. Cigarette butts are to be placed in proper receptacles, not thrown on the ground or in plate containers. Burning candles or incense is not allowed, possession or use of explosives and fireworks are not allowed. Do not take batteries out of the smoke detectors. The designated smoking area is out on the back porch. Empty your ashtray after use. No loitering or smoking out in front of the house.

**Initial** \_\_\_\_\_

### **Drugs/Alcohol:**

There is **zero tolerance** for possession or use of drugs or alcohol on or off the premises. If you are found to be using drugs or drinking intoxicating beverages, your membership agreement will be terminated immediately, and your parole or probation officer will be contacted to find you another place to reside. If you are aware that another resident is using drugs or alcohol of any kind on or off the property and do not report it to the House Manager, both residents may have their membership agreement terminated; failure to adhere to random drug testing requirements, refusal to submit to drug test or a positive result on a drug test is considered violation of the agreement and House Rules and will result in immediate nonrenewal. In the event any member is found in noncompliance to the drug/alcohol policy, staff can refer and assist you in getting into a treatment facility. You may be able to return after treatment. That will be determined on a case-by-case basis.

**Initial** \_\_\_\_\_

### **Medications:**

Member must inform the House Manager of any prescription medications before they are brought into the residence. Medications will be discussed between the resident and House Manager ONLY. Narcotic medications must be approved by House Manager and must be kept in a secure locked box in your room. Any abuse or suspected abuse of prescription medication will be

considered a violation of agreement. No one will be allowed to become a member if they are any kind of methadone treatment. Sharing, providing or selling medication to any member or any person is expressly prohibited.

**Initial** \_\_\_\_\_

### **Common Areas:**

Lights, TV's, radio, or any other electronic devices should be turned off when you are not in your room. The thermostat is not to be adjusted by anyone but the House Manager at any time. Exterior and bedroom doors are to be locked.

**Initial** \_\_\_\_\_

### **Employment:**

You must be employed unless you are legally disabled. You must be seeking and have a job within four (4) weeks. Part time work is not allowed unless you are in school; this will be determined on a case-by-case basis. For those that are employed: if for any reason you become unemployed, you must let the manager know within two (2) days. You may contact the House Manager for resources for assistance.

**Initial** \_\_\_\_\_

### **Membership Fee Date:**

Membership fees are due the 1<sup>st</sup> of each month and a late fee will be assessed after the 3<sup>rd</sup>.

**Initial** \_\_\_\_\_

### **Rooms:**

Will be inspected at least twice a week. Rooms are to be kept clean and orderly. Beds are to be maid daily. Clean laundry must be put away, and dirty laundry out of site. No dirty cups or dishes or open food is allowed in rooms. No eating in rooms. Bedroom trash must be placed in the outside trash cans. Trash cannot be piled up in your room. Do not put your items on your roommate's side of the room. Do not hang clothes, hats or any items on the windows or curtains. Pushpins are okay to hang hats and other items. Duct/masking or other types of tape is not allowed. Command strips are preferred but not required. Members are not allowed to enter another member's room without prior approval. If you have any concerns about another member, you should address it to the House Manager.

**Initial** \_\_\_\_\_

### **Electricity:**

Lamps, TV, radios and fans must be **OFF when you are not** in your room for more than 15minutes.

**Initial** \_\_\_\_\_

### **Common Areas:**

Common areas are for the use of all members. It is for members to relax, watch tv, and socialize. No sleeping on the couches or leaving personal items such as shoes, clothing, dishes, backpacks, etc. This includes folding and sorting of laundry. You must be fully/appropriately dressed in the common areas.

**Initial** \_\_\_\_\_

### **Personal Cabinet and Refridgerator Space:**

No house pots or pans in your assigned refridgerator. Your personal cabinet and refridgerator space should always be kept clean. House bowls, silverware and plates are not to be stored in your personal cabinet space or taken to your room. Be respectful of others in the house and in your rooms; be mindful that everyone may work different hours and need their rest as well. **DO NOT** directly or indirectly threaten anyone, display passive aggressiveness, no verbal assaults or assault of any kind, no arguing with anyone, including House Manager or Director. Do not engage in physical violence nor possess any weapons or explosives of any kind. Each house has a Grievance Forms available in the office or living area.

**Initial** \_\_\_\_\_

### **Chore Assignment:**

Cleanliness is a must. Everyone is expected to contribute to keeping the house clean; **chores** will be assigned and performed regularly per chore instruction list. There is a minimum **\$10.00** fine assessed for each instance of chores not being complete

**Initial** \_\_\_\_\_

### **Vehicles:**

No major maintenance work on your car or any other cars on the property. You are responsible for cleanup of any fluid leaks from vehicles belonging to you or your guests on and in front of the property. Any vehicle on or in front of said property must be thoroughly inspected and legal. **One vehicle per**

**person; 1 motorcycle/moped and 1 bicycle limit per member.** Do not park in front of neighbor's houses or in neighbor's driveways; do not obstruct driveways or neighbor's driveways, this includes any guest. Members are responsible for their guest's vehicles adhering to this rule.

**Initial** \_\_\_\_\_

### **Smoke Detectors:**

Smoke detectors are not to be tampered with or disabled in any form or fashion, including but not limited to the removal of the batteries. Violators may be subject to a fine up to **\$50.00** and/or termination of the membership. Utilities, TV's and fans should be turned off when not in use or when you leave the property. Thermostat is not to be adjusted by anyone but the House Manger.

**Initial** \_\_\_\_\_

### **Computer/Wi-Fi:**

The house computer is available for respectable use. No illegal use of computer; no porn or other Peer to Peer (P2P) websites or downloads of any kind are allowed on the house computer. If you are caught violating the computer rules you will not be able to use it. Do not change computer or browser settings or install software or browser extensions. Violators are subject to a charge of **\$50.00** by Shekinah Communities in addition to any legal costs incurred for illegal use. Additionally, access to a computer and or network may be denied and may lead to termination of membership agreement. Usage of Shekinah Communities computers and or networks (including wi-fi) are subject to monitoring and content filtering. Kodi Boxes and other devices/software of this type are not permitted on Shekinah Communities networks. Use of KODI Boxes and the like for streaming of copyrighted material without paying for it is not allowed. Illegal downloading or copyrighted material should not occur on the premises, as illegal activity is not allowed on the premises. Pay Per View ordering of Pay Per View movies and/or addition to a **\$40.00** administrative fee. Additionally, if a cable box is found with repeat violations it will be replaced with a cable box that doesnot allow the ordering of Pay Per View – this would also restrict the number of channels available. House Meetings attendance at House Meetings will be required when scheduled with the House Manager.

**Initial** \_\_\_\_\_



## **Video Games:**

**Please do not be inconsiderate** and play any games when your roommate is trying to sleep. Respect your roommate and keep noise at a minimum.

**Initial** \_\_\_\_\_

## **AA/NA Meetings:**

If you are in recovery, you must be attending AA/NA Meetings and have a sponsor.

**Initial** \_\_\_\_\_

## **Financial Assistance:**

Should you need financial assistance you must get in contact with the appropriate source within 48 hours. Please provide proof that you have made contact to the House Manager. You will be expected to perform chores within the facility until you obtain work.

**Initial** \_\_\_\_\_

## **Curfew:**

If you plan to leave the property over 48 hours, you must let the House Manager know. You need to let the manager know when you will return and a phone number where they can contact you. Those on Justice Planning Contract may not stay out overnight while on Contract. Those coming in from Treatment Centers must stay on property for the first 48 hours unless you must see parole officer or get food.

**Initial** \_\_\_\_\_

## **Bed Bugs:**

These are one of the most persistent problems to plague homes. It has nothing to do with cleanliness. Public transportation, hotels, theaters, public office, used items and other homes you may visit may have problems with bugs. Bedbugs hitchhike home with you. They are small, flat insects that feed on you as food. Spotting bedbugs early is the key to preventing their spread. Let the House Manager know at first sign if any (even one) bed bug is found in beds or on the premises. Do not attempt to treat a suspected or known bedbug problem yourself.

**TO BE ABSOLUTELY CLEAR, YOU SHOULD IMMEDIATELY REPORT TO THE HOUSE MANAGER ANY BED BUG OR POTENTIAL BED BUG ISSUE. ADDITIONALLY, NO REMOVAL OF ANY MATTRESS/BOXSPRING or COVER/PROTECTOR. THE**

MANAGEMENT WILL REMOVE MATTRESS AND BOXSPRINGS. DOING SO MAY RESULT IN BEING CHARGED A FINE, REPLACEMENT COSTS OF PROTECTOR/COVER, AND REPLACEMENT OF MATTRESS AND/OR BOXSPRING.

**Initial** \_\_\_\_\_

### **Roommates:**

If you are having problems with your roommate try to resolve the issue yourselves. If the problem cannot be resolved speak with the House Manager; he or she can be a mediator to try and get the problem resolved.

**Initial** \_\_\_\_\_

### **Fines:**

Fines may be levied for not completing chores or not following House Rules. 1<sup>st</sup> fine in a 30-day period is **\$10.00**. 2<sup>nd</sup> fine within 30 days of previous fine is **\$20.00**. A 3<sup>rd</sup> fine within 30 days of the last fine is **\$20.00** and referral to Executive Director possibly to be placed on a 30-60-day probation which may lead to non-renewal or termination of this agreement. Fines are payable only in cash and must be paid within 10 days.

**Initial** \_\_\_\_\_

### **Laundry:**

Our sober living homes are equipped with **He** washing machines. All detergent, bleach and fabric softeners used in these machines **MUST** have the 'he' logo pictured on them. Use any of the products in these machines that do not have this logo on them will cause damage to the machine. Any member that uses the non **he products** in the machine will no longer be allowed to use the machines and will have to go off property at their own expense for their laundry needs.

**Initial** \_\_\_\_\_

### **Relapse:**

Any member that relapses or commits serious violations will not be allowed to share living quarters with another member; you will be moved to a 'holdover area' in another area of the residence until such a time that a **three (3) day notice to vacate is processed.**

**Initial** \_\_\_\_\_

### **Drug Testing:**

If asked to submit to a drug test randomly as many times as requested, it must

be submitted immediately and under supervision; refusal to submit will be considered a positive result and your membership agreement will be terminated from the sober living program.

Initial \_\_\_\_\_

### **Statement of Responsibility, and Waiver of Claims:**

I agree for myself, my heirs and assigns that should any accident or occurrence result in personal injury to myself or loss of damage to my property during my membership in the house, to hold the member or the owners of the house, as well as managers, supervisors, or volunteers from all liability in connection therewith.

Initial \_\_\_\_\_

I have read the membership agreement and House Rules and I understand all requirements stated above to remain a member. If you have falsified, withheld any information concerning employment, medication, assaults on a public servant or if you are a registered sex offender or using any controlled substance or committing any unlawful acts, it will result in termination of membership and your parole/probation officer will be contacted if applicable. This agreement constitutes the entire agreement between parties and supersedes any earlier statement or understanding. No changes or additions to the terms of the agreement shall be valid unless it is in writing and signed by both parties. **SLH's failure or neglect to enforce any of its rights under this agreement will not be deemed to be a waiver of that or any other of its rights. Additionally, no single or partial exercise of any right or remedy by SLH will preclude any other or future exercise of any right or remedy.** I agree to the terms of this membership agreement and have read and understand the terms. I further affirm that all information given in application and intake packet is true and correct. Application may be denied and membership terminated for providing false or misleading information, or by omission.

Agreed to this \_\_\_\_\_, day of \_\_\_\_\_, 2023.

Member signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**SLH House Manager Signature:** \_\_\_\_\_

**SLH House Manager Printed Name:** \_\_\_\_\_

### **Holdover Sleeping Quarters Agreement:**

A place to sleep and store your personal items will be provided. Any new arrival utilizing the holdover area will be allowed to do so for **two (2) weeks** only, at a **\$150.00** fee. Members must move to bedroom when room becomes available.

Any member that has relapsed will be evicted and moved to the holdover area, if available, until such time that relocation can be made. Any member who becomes so problematic as to disrupt the mission of this program will be moved to the holdover area, if available, until such time that the facility can resolve the matter.

Any member that is late on membership dues consistently will be given a **3-day notice** to vacate and moved to the holdover area, if available, until such time that the member is removed from the residence.

Any member exhibiting mental instability to the degree that the behavior becomes untenable regarding the other members, or the **mission** of this program will be assisted in finding a facility better equipped to address their needs and concerns, as this residence is not a treatment center/boarding house for substance abuse or unmanageable mental challenges.

Any member that is unemployed or not on SSI or SSDI must be out of the residence by 9:00 am until 3:00pm each weekday.

**Initial** \_\_\_\_\_

I have read the membership agreement and house rules and I understand all requirements stated above to remain a member. If you have falsified, withheld any information concerning employment, medication, assaults on a public servant, or if you are a registered sex offender or using any controlled substance or committing any unlawful acts, it will result in termination of membership agreement and your parole/probation officer will be contacted if applicable. This agreement constitutes the entire agreement between the parties and supersedes any earlier statement or understanding. No changes or additions to the terms of the agreement shall be valid unless it is in writing and signed by both parties. **SLH's failure or neglect to enforce any of its rights under this agreement will not be deemed to be a waiver of that or**

**any other rights. Additionally, no single or partial exercise of any right or remedy by SLH will preclude any other or future exercise of any right or remedy.** I agree to the terms of this membership agreement and have read and understand the terms. I further affirm that all information given to the application and intake packet is true and correct. Application may be denied and membership terminated for providing false or misleading information, or by omission.

**Agreed to this \_\_\_\_\_, day of \_\_\_\_\_, 2023.**

**Member Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**SLH House Manager Signature:** \_\_\_\_\_

**SLH House Manager Printed Name:** \_\_\_\_\_

### **Documents Required Shekinah Communities**

- Signed Copy of Release of Information
- Signed & completed membership agreement
  - Copy of photo ID
  - Application Fee - **\$50.00** (cash only)
- Signed and completed background check authorization
- Proof of employment or Proof of SSI or SSDI Benefits
  - Last two check stubs – if applicable
  - Copy of award letter – if applicable
  - Proof of Vaccinations

**WE DO NOT ACCEPT SEX OFFENDERS, GANG AFFILIATION, INDIVIDUAL CONVICTED OF ARSON; FAMILY VIOLENCE MAY BE CONSIDERED DEPENDING ON CIRCUMSTANCES.**

**APPLICATION WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

\_\_\_\_\_  
Membership Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Phone Number: ( ) \_\_\_\_\_

**Shekinah Communities: Consent for the release of confidential information**

I \_\_\_\_\_, hereby give my consent to Shekinah staff/director to communicate any progress and any violations of the membership agreement to the court and parole/probation officers.

The purpose of this consent is to provide the relevant entities with information about me while I am residing at Shekinah Communities facility. The following information may be released or talked about: Progress, UA results; cooperation with the rules, policies, and membership agreement.

I understand that consent will remain in effect until the time of my departure from the facility. I also understand that the relevant entities may use this information only in connection with the official duties regarding my criminal justice status.

\_\_\_\_\_  
Name

\_\_\_\_\_  
TDCJ #

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Parole/Probation Officer

**Confidential Background Check Authorization**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s), Aliases and Dates Used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Current Address Since: \_\_\_\_\_  
(month/year)

\_\_\_\_\_  
(street) (city) (state/zip)

Previous Address From: \_\_\_\_\_  
(month/year)

\_\_\_\_\_  
(street) (city) (state/zip)

ID/Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Phone: ( ) \_\_\_-\_\_\_

**THE KNOWLEDGE CONTAINED IN THIS AUTHORIZATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.**

**I hereby authorize Shekinah Communities, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report and/or investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal state, county/parish jurisdictions; driving records, birth records and any other public records. I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, Shekinah Communities, Inc, or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have to include information or data received from other sources. Shkeinah Communities, Inc, and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers and dates of birth.**

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

# Shekinah Communities, Inc.

**This application is for internal uses only. Please do not leave any blanks.**

Print Name (First, Middle, Last) ( <b>Full Legal Name</b> ) _____	<b>Date of Birth:</b> ____/____/____
Address (Street) <b>Home Address ONLY</b> Address: _____ City: _____ State: _____ Zip: _____	<b>Information where you can be reached</b> Home: ( ) _____ - _____ Cell: ( ) _____ - _____ Email: _____
<b>Emergency Contact:</b> Name: _____ Relation: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: ( ) _____ - _____	<b>Identification Numbers</b> Drivers License # _____ State: _____ _____ or ID Card Number: _____ State: _____
Will you have your own transportation?    Yes                      No	
Do you currently have an SSI hearing pending or seeking SSI? <b>Yes</b> <b>No</b> Unless you are currently on SSI, you are required to have employment. Are you able to do house chores?    Yes                      No <b>If No, Explain:</b> _____ _____	Marital Status: <b>Single</b> <b>married</b> Children: <b>Yes</b> <b>No</b> Are you getting SSI, disability or other non-job-related income? <b>Yes</b> <b>No</b> Who will be financiall responsible for your housing? <b>Self</b> <b>Family Support</b> <b>Other</b>
Are you currenly enrolled in a form of higher education? <b>Yes</b> <b>No</b> <b>If Yes:</b> Name of Institution: _____	Are you employed? <b>Yes</b> <b>No</b> <b>If Yes:</b> Name of Employer: _____ Contact Number: ( ) _____ - _____
Are you Recovering? <i>Alchololic:</i> <b>Yes</b> <b>No</b> <i>Drug Addict:</i> <b>Yes</b> <b>No</b> Sobriety Date: ____/____/____	List Drugs you used addictively:
Are you discharging from a substance abuse treatment program, either in-patient or out-patient? <b>Yes</b> <b>No</b>	
<b>If Yes:</b> Facility Name: _____	<b>If No:</b> Current Location: _____



Counselor: _____ Phone Number: ( ) _____ - _____ Ext.: _____ Email: _____ Discharge Date: ____/____/____	Address: _____ City: _____ State: _____ Zip: _____ Phone Number: ( ) _____ - _____ Move in Date: ____/____/____ Contact Person: _____
Are you planning to attend spiritual, NA, or AA meetings? <b>Yes</b> <b>No</b>	
<b>If Yes:</b> Name of Aftercare Provider or IOP: _____	Are you on parole or probation? <b>Yes</b> <b>No</b> Name and Number: _____
Have you ever been convicted of an aggravated Crime? <b>Yes</b> <b>No</b> <b>If Yes: What crime?</b> _____	
Do you take prescription drugs? <b>Yes</b> <b>No</b> <b>If Yes:</b> Prescription drug(s): _____ Reason for prescription: _____ Prescribing Doctor: _____	Frequency of doses: _____
Do you have any current court case pending, other than moving violations? <b>Yes</b> <b>No</b>	Have you ever been convicted of a felony? <b>Yes</b> <b>No</b>
<b>If Yes:</b> Violation: _____ <b>Probation      Bond/Pending Court Case</b> <b>Parole</b> County: _____ City: _____ State: _____	<b>If Yes, explain:</b> _____
Have you ever lived in a sober home before? (i.e. Oxford House) <b>Yes</b> <b>No</b> Name of sober home: _____	
Which home are you interested in moving into? _____	
How did you hear about Shekinah Communities Inc.? _____	

By signing the application below, I authorize Shekinah Communities Inc. to utilize the above information to process my request and all the information is true and I have not omitted any information. Everything that I have submitted is true. **If not, you could be rejected for false information.**

**Printed Name of applicant:** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_