



**Thistledown, LLC**  
a sober home for men

**Housemate Application**

If you were referred to our home by a counselor or other professional, please make sure that you have signed a release of information authorization with that professional, allowing him/her to speak with us.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact and phone: \_\_\_\_\_

\_\_\_\_\_

Next of kin, if different: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

-----  
If you are currently enrolled in a treatment program or DOC facility:  
-----

Name of program or facility: \_\_\_\_\_

Date you arrived or were admitted: \_\_\_\_\_

Aftercare coordinator or DOC supervisor: \_\_\_\_\_

Email address: \_\_\_\_\_ phone: \_\_\_\_\_

---

## History

---

Have you ever been asked to leave a sober house or treatment center? \_\_\_\_\_

If so, what was the reason? \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ If so, why? \_\_\_\_\_

When did you last use alcohol or illegal drugs? \_\_\_\_\_

Do you have any outstanding warrants, pending criminal charges or upcoming court dates? \_\_\_\_\_

Are you on probation, parole, or suspended sentence? Please explain: \_\_\_\_\_

Are you a convicted sex offender and/or required to register as a sex offender in any state? \_\_\_\_\_

Do you have a history of violence? \_\_\_\_\_ Please explain: \_\_\_\_\_

Are you currently subject to an order of protection (restraining order) by the court? \_\_\_\_\_ Please explain: \_\_\_\_\_

---

## Medical

---

Are you undergoing medication assisted treatment (MAT/MAR) such as methadone or suboxone? \_\_\_\_\_

Provider name and contact information: \_\_\_\_\_

Please list any physician-prescribed medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

\_\_\_\_\_

Do you use a rescue inhaler or Epipen? \_\_\_\_\_

Other than alcoholism and/or addiction, do you have any medical conditions or physical disabilities we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Other than alcoholism and/or addiction, do you have any mental health issues or disabilities we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Have you been vaccinated against COVID-19? \_\_\_\_\_

Are you willing to be vaccinated? \_\_\_\_\_

Do you have medical insurance (in case of medical emergency)? \_\_\_\_\_

Policy name/number: \_\_\_\_\_

---

### General Information

---

Marital Status: \_\_\_\_\_ Children? \_\_\_\_\_

Please tell us about your current employment/volunteer/student status (where/hours/supervisor, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Will you need parking? \_\_\_\_\_

If so, license number and state: \_\_\_\_\_

Make/Model/VIN: \_\_\_\_\_

What is the biggest challenge you face in sustaining your recovery? \_\_\_\_\_

---

---

---

How do you expect being a part of our home will help with your recovery?

---

---

---

---

What personal qualities will you contribute to the mutual support we share in our home? \_\_\_\_\_

---

---

Is there any reason you might have trouble following our home's guidelines and expectations? \_\_\_\_\_

---

---

---

Following is a short list of characteristics that can possibly make communal living difficult. Do any of these describe parts of your personality?

temper      social awkwardness      anxiety      arrogance      bullying

sarcasm      need for control      shyness      tendency to lie      defiance

mistrust of other men      not 'fitting in'      Other: \_\_\_\_\_

---

What reservations/reluctance do you have about following the house rules, policies, and procedures? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you think we should know about you? *ThistleDown will consider all reasonable accommodations for residency* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that all information provided in this application is true. I understand that if I have not disclosed information or have not been honest and forthcoming with my answers, it is reason for expulsion.**

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