

MoJo Recovery Home Application

Confidential – For Internal Use Only

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**Personal Information**

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Current Address: \_\_\_\_\_
- Emergency Contact (Name & Relationship): \_\_\_\_\_
- Emergency Contact Phone: \_\_\_\_\_

**Recovery Information**

- Are you currently sober? \_\_\_ Yes \_\_\_ No
- Clean/Sober Date: \_\_\_\_\_
- Are you currently in a treatment program? \_\_\_ Yes \_\_\_ No
- If yes, which one? \_\_\_\_\_
- Counselor/Therapist Name & Contact: \_\_\_\_\_
- Have you ever lived in a sober living home before? \_\_\_ Yes \_\_\_ No  
If yes, where and when? \_\_\_\_\_  
\_\_\_\_\_

**Substance Use History**

- Primary substance(s) of use: \_\_\_\_\_
- Length of use: \_\_\_\_\_

- Any history of relapse? \_\_\_ Yes \_\_\_ No  
If yes, explain briefly: \_\_\_\_\_  
\_\_\_\_\_

## Legal History

- Do you have any current legal issues (probation, parole, court dates)?  
\_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Probation/Parole Officer (if applicable):  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Employment / Education

- Are you currently employed? \_\_\_ Yes \_\_\_ No  
Employer Name & Contact Info: \_\_\_\_\_
- Do you attend school or plan to? \_\_\_ Yes \_\_\_ No  
School/Program: \_\_\_\_\_
- Do you have a source of income? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_

## Health & Wellness

- Do you have any mental health diagnoses? \_\_\_ Yes \_\_\_ No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- Are you currently taking any medications? \_\_\_ Yes \_\_\_ No  
Please list them: \_\_\_\_\_
- Do you have a primary care doctor or therapist? \_\_\_ Yes \_\_\_ No  
Contact Info: \_\_\_\_\_

## Lifestyle & Housing

- Why do you want to live in a sober living home?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- What are your goals while living here?

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- Are you willing to participate in house meetings, chores, and UA testing?  
\_\_\_ Yes \_\_\_ No

## Reference

Please Please list who referred you to us or how you heard of about us:

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

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Signatures

Potential Resident

Print: \_\_\_\_\_

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

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

House Manager

Print: \_\_\_\_\_

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

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