



PELLOW OUTREACH

— *accountability in action* —

Sober Living/Mentoring Home Application

The Pellow House

Joe Pellow, Director

Print form and fax to (405) 470-4683

Or mail to: Pellow House Office, Attn. Joe Pellow

6601 NW 118th Street

Oklahoma City, OK 73162

Joe's cell phone - 405-209-0227

Applicants must provide and or agree to the following:

1. Photocopy of Driver's License or other form of photo ID
2. The Signed Rules Form
3. Random Drug and Alcohol Testing
4. Medical Authorization (Allowing the outreach to verify doctor's appointments, prescriptions and diagnoses.)
5. Contact Information for Sponsor
6. Work with our Life Coach and or Mentor to create a vision for your life in recovery and establish goals to achieve that vision
7. Any directive from a representative of Pellow Outreach that they believe to be necessary to help you succeed in your desire to live a satisfying life in recovery, free from addictive substances or behaviors.
8. 30-day notice required before departure

Applicant's Legal Name:

Mail Address:

Phone Numbers: _____

Fax Number: _____

E-mail: _____

Date of Birth: _____

Social Security Number: _____

Marital History:

Children:

Address:

Phone Numbers: _____ E-mail: _____

Education:

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Current Employer and Position:

Employment History (last 5 years):

Have you ever been charged with or pled guilty to a felony or misdemeanor? _____ If yes, Please list ALL charges: _____

Name and Phone number of Judge/DA if known:

Is living in a halfway house, sober living home, or mentoring home a condition of any probation, court order or as a requirement to maintain or secure a professional license? _____ If yes, please identify the entity requiring this of you and their contact information:

Referred by:

Next of Kin (include name, relationship, address and phone number)

Recovery / Sobriety History

Age and substance first used / abused? _____

Age you first became aware that you were abusing or addicted to these substances _____

Why do you use / abuse drugs or alcohol? _____

Do you consider yourself an addict? _____ What has your drug/ alcohol use cost you personally?

What makes you believe you are ready to address your drug / alcohol use?

What is the cost of failure?

What are your triggers?

If accepted, how might you try to sabotage your experience with us, and your recovery?

What would be the warning signs to your mentor and housemates that you were entering the emotional state of relapse?

What are you willing to do to create a life in recovery (be specific)?

When and what did you last use: _____

Longest period of sobriety in the past: _____ Number of times sobriety attempted: _____

Why did you relapse? _____

What was your response to that relapse? _____

Do you currently have a sponsor? _____ If yes, please provide name and contact information

If no, have you ever had a sponsor? _____ Have you ever worked a 12 step program? _____ Have you ever participated in any inpatient treatment? _____ If yes, please provide name, location, and length of stay: _____

List all drugs used/ abused in the past, including tobacco products and approximate date of last use:

Describe any sober living programs previously involved in, length of stay and reason for leaving: _____

What do you believe the role of your mentor would be in helping you live that life in recovery?

Have you ever been emotionally or sexually abused? _____

Have you ever been physically abused? _____ By whom? _____

Location of abuser: _____ Approximate date of last event:

_____ Charges Filed? _____ Last contact with abuser: _____

If accepted, the applicant agrees that the location of the mentoring house not be divulged to the abuser, or others known by the abuser.

Diagnosed medical conditions, treating physician and related prescriptions:

Physical limitations, if any:

Describe how you would like your life to be a year from now: _____

What are your three best attributes: _____

What is one thing, other than addiction, that you would like to change in your life? (Must be possible, even if you don't understand how to do it) _____

What prevents you from making that change? _____

If God were going to describe you to His angels, what words would He use? _____

Other than drugs or alcohol, what is the main thing that holds you back from the life you want?

Any misrepresentation of material facts will result in immediate expulsion from the house with no refunds.

Applicant's Signature

Date
