

## Resilient House

310 W. Central Street

Bluffton, IN 46714

260-273-8821

### APPLICATION

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact and Release of Information: (Full Name, City, State, Phone Number & Relation):  
\_\_\_\_\_  
\_\_\_\_\_

Current Treatment Provider: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Primary Counselor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Length of Stay at Treatment Facility: \_\_\_\_\_ Tentative Discharge Date: \_\_\_\_\_

Past Treatment Programs City State Counselor Entry/Exit Date  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever lived in a Half-way, 3/4, or Transitional Living Home (Y/N)? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Substance(s) Used In Past: \_\_\_\_\_

Substance(s) of Choice: \_\_\_\_\_ Sobriety Date: \_\_\_\_\_

Which 12-step recovery program are you working, i.e. AA, NA, CR? \_\_\_\_\_

What meetings do you attend regularly:

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Do you have a Sponsor (Y/N)? \_\_\_\_ If Yes, list your Sponsor's first name and last initial: \_\_\_\_\_

If no, why not? \_\_\_\_\_

What is your current source of income? \_\_\_\_\_ Weekly/Monthly Income:  
\$ \_\_\_\_\_

Job Description: \_\_\_\_\_ How long there?  
\_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone  
Number: \_\_\_\_\_

Do you have a valid driver license or state ID (Y/N)? \_\_\_\_

Do you have a Social Security Card for employment (Y/N)? \_\_\_\_

Do you have a child support obligation (Y/N)? \_\_\_\_ Amount per month? \_\_\_\_ Is your  
support current (Y/N)? \_\_\_\_

Do you now, or have you ever been in a relationship with a current Resilient House program  
participant (Y / N)? \_\_\_\_

Who? \_\_\_\_\_

Pending legal matters (Please explain):  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony (Y/N)? If "yes", please  
explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently incarcerated or under community supervision (probation, community  
corrections) (Y/N)? \_\_\_\_\_

Are you required to register as a sex /violent offender( Y/N)? \_\_\_\_ Have you been  
convicted of arson (Y/N)? \_\_\_\_

Do you have any other mental health diagnosis (Y/N)? \_\_\_\_ What is that diagnosis?  
\_\_\_\_\_

Have you ever experienced any suicidal ideations, attempts, or received in-patient treatment for self-harming behaviors?

(Y/N)? \_\_\_\_\_ When? \_\_\_\_\_

Current Medications and Dosage:

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Are you participating in or about to enter a Medicated-Assisted Treatment program (Y/N)?

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Please list program name and contact information:

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

Why do you think you are a good fit for a transitional living home?

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Applicant's Name Applicant's Signature Date

House Manager's Signature \_\_\_\_\_

Date

Resilient House

Mailing Address: 310 W. Central St. Bluffton, IN 46714

Physical Address: 310 W. Central St., Bluffton, IN 46714

Phone: 260-273-8821

Email: [theresilienthouse2025@gmail.com](mailto:theresilienthouse2025@gmail.com)