

CROSSROADS COMMUNITY

This application is for internal use only. The questions are designed to assist Crossroads Community in utilizing our resources to assist you in your recovery through accountability and aiding you in any obstacles you may need to overcome.

Print Name (First, Middle, Last) (Full Legal Name) _____		Date of Birth: _____
Address (Street) Home address ONLY Address: _____ City: _____ State: _____ Zip: _____		Information Where You Can Be Reached Phone: _____ Email: _____
Emergency Contact: Name: _____ Relation: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: () _____		Identification Numbers Social Security Number : _____ Drivers License Number: _____ State: _____ Or ID Card Number: _____ State: _____
Will you have your own transportation? Yes No		
Do you have insurance? Yes No Insured Name: _____ Rel to Pt: _____ Employer of Insured: _____ Ins Co: _____ In Phone #: _____ ID #: _____ GRP #: _____ Type of Plan: _____ Please attach a copy of the front and back of your card		Marital status (Circle One) <i>Single Married</i> Children (Circle One) <i>Yes No</i> Are you getting SSI, Disability or other non-job related income? Yes No
Are you currently enrolled in a form of higher education? Yes No If Yes: Name of Institution: _____		Are you employed? Yes No If Yes: Name of employer: _____ Contact Number: _____
Are you a recovering: <i>Alcoholic: Yes No Drug addict: Yes No Sobriety date:</i>		List drugs you used addictively: _____
Are you discharging from a substance abuse treatment program, either in-patient or out-patient? Yes No		
If Yes: Facility Name: _____ Counselor: _____ Phone Number: () _____ - _____ Ext: _____ Email Address: _____ Discharge Date: _____		If No: Current Location: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Move in Date: _____
Are you planning to attend an aftercare program or an intensive outpatient program? Yes No		
Are you participating in or about to enter a methadone or other drug replacement program? Yes No		
Do you take prescription drugs? Yes No If Yes, list prescription, reason, and prescribing doctor 1. _____ 2. _____		
Do you have any current court case pending, other than moving violations? Yes No		Have you ever been convicted of a felony? Yes No
If Yes: Violation: _____ Please circle: Probation, Bond or Pending Court Case County: _____ City: _____ State: _____		If Yes, explain: _____ _____
Have you ever lived in a sober house before? (i.e. Oxford House) Yes No		
How did you hear about Crossroads Community?		

By signing the application below, I authorize Crossroads Community to utilize the above information to process my request for admission.

Printed Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

CROSSROADS COMMUNITY

Resident Contract

I, _____, as a member of Crossroads Community:

(Please initial all)

_____ Acknowledge receipt of written copy of all rules and regulations and agree to abide by them all. I understand that if I am found to be in violation of house rules, including but not limited to, non-payment of shared expenses or disruptive behavior, I can be evicted from the house.

_____ Agree that if I am evicted because of drugs, alcohol, or any negative behavior, I forfeit all rent payments already remitted.

_____ Agree to submit to drug screening and breathalyzing.

_____ I understand that if I am placed on a (behavioral) contract for any reason and then found to be in violation of that contract within a two-week probationary period, I will be asked to move out of the house.

_____ I understand that as a house member, I further agree to the following terms upon my departure from this residence, under any circumstances:

1. Personal items will be removed from within and around the residence within 24 hours.
2. If personal items are not removed from the residence within 14 days of departure date, on day 15 any remaining items will become property of Crossroads Community.

GOVERNING LAW: This contract shall be construed in accordance with, and governed in all respects by, the laws of the State of Indiana, without regard to conflicts of law principles.

ENTIRE CONTRACT: The foregoing contract, including any attachments incorporated by reference, constitutes the entire contract between the parties and supersedes any oral or written representations or agreements that may have been made by either party. Further, Resident represents that Resident has relied solely on Resident's judgment in entering into this contract. Resident acknowledges having been advised to consult with independent legal counsel before entering into this contract and has decided to waive such representation and advice. Resident acknowledges that Resident has read and understood this contract and has been furnished a duplicate original.

Signature

Date

Staff

Date

CROSSROADS COMMUNITY

Financial Agreement

Resident Name: _____

Admission Date: _____

Residence Address: _____

Weekly Fees: _____

Fees include housing, utilities, food, and basic transportation

I understand that I must pay fees on a weekly basis. Fees are due every Friday before 7:00 pm. I understand that the “week” period is Friday to Thursday.

In acceptance of the financial agreement with Crossroads Community, I agree that to qualify for residency, I must adhere to the rules and regulations and make my scheduled payments when they are due. I further understand that failure to make payments when due may result in my discharge from Crossroads Community. Any unpaid account balance at the time of discharge is subject to the cost of collections and lawyers’ fees if required.

PROMISE TO PAY ACCOUNT

For and in consideration of services to be rendered, I promise to pay Crossroads Community all its charges rendered to me from admission to discharge. I understand that the total of such charges is due and payable according to this Financial Agreement.

Resident Signature Date

Crossroads Community Director Date