



# WINDS Recovery House

*Women Integrating New Directions in Sobriety*

P.O. Box 212  
Grafton, Wisconsin 53024  
262-444-1201  
www.windsrecovery.org

## Resident Application

Please carefully read the WINDS application form and answer all questions honestly. You must complete this entire application for consideration to WINDS. If your application is accepted, you must sign the WINDS Recovery Agreement and be interviewed by WINDS House Manager and the Executive Committee before final acceptance can be determined.

Today's Date: \_\_\_\_\_

### GENERAL BACKGROUND INFORMATION

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Print Your Name:

\_\_\_\_\_

First	Middle	Last
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Date of Birth: \_\_\_\_\_ Marital Status: Single, Married, Separated, Divorced

Phone Numbers:

\_\_\_\_\_

Home	Work	Mobile
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Home Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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Current Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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### ALCOHOL & DRUG HISTORY

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How has alcohol and/or other drugs affected your life? \_\_\_\_\_

List all substances you have used addictively: \_\_\_\_\_

What is your drug of choice? \_\_\_\_\_

Date of last drink: \_\_\_\_\_ Date of last drug use: \_\_\_\_\_ Do you use nicotine? Yes / No

Have you ever attended a 12-step meeting? \_\_\_\_\_ How many meetings do you attend each week? \_\_\_\_\_

Do you have a sponsor? \_\_\_\_\_ Do you meet with your sponsor routinely? \_\_\_\_\_

Where have you received treatment? (Most recent first)

Facility Name	Inpatient/Outpatient I / O	Admission Date	Discharge Date	Did You Complete The Program? Yes / No
1. _____				
2. _____				
3. _____				

**FINANCIAL INFORMATION**

Are you currently employed? Yes / No (If yes, who is your employer?)

Do you currently receive non-job related income such as food stamps, welfare, child support, alimony, etc.? Yes / No (If yes, please elaborate.)

If you are not employed, have you recently applied for any employment positions or are you working toward employment?

If you are a student what school or university are you enrolled?

If employed or attending school, does your employer or faculty know of your recovery needs? Please elaborate.

What is your current monthly income including all sources of income available to you?

Do you have any financial resources other than yourself? Please elaborate.

**MEDICAL INFORMATION**

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Psychiatrist:            Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Physician:    Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Health Care    Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Professionals:

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

Do you have, or have you ever had any of the following conditions:

Asthma    Yes / No    Seizures/Epilepsy    Yes / No    Diabetes    Yes / No    MRSA    Yes / No  
High Blood Pressure    Yes / No    Allergies    Yes / No    (If yes, please specify.) \_\_\_\_\_

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Other illnesses, infections or conditions requiring medical care.    Yes / No    (If yes, please specify.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental health concerns separate from your AODA diagnosis requiring counseling, medications, hospitalization or outpatient treatment.    Yes / No    (If yes, please specify.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been tested for any communicable diseases?    Yes / No    When were you tested?    \_\_\_\_\_  
Do you have a recent urine/drug screen?    Yes / No    \_\_\_\_\_  
Date

Do you have any physical limitations?    Yes / No    (If yes, please elaborate.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all over-the-counter and prescription medications you are presently taking:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have children? Yes / No

If yes, please elaborate on how many children you have, their ages, gender, who they are presently living with and whether you intend to have them live with you at WINDS. (If you choose to have children live with you here, an additional medical form will need to be completed.)

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### EMERGENCY CONTACTS

Please list two emergency contacts we are authorized to call in the case of an emergency:

NAME	RELATIONSHIP	PHONE
1. _____		
2. _____		

Have you ever been a resident at another sober living house? Yes / No

If yes, please specify where and when:

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Did you complete the requirements to stay? Yes / No

If not, please explain why:

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I have answered all the questions openly and honestly and understand that completing this application is just the first of a three part process for acceptance as a resident of WINDS Recovery House.

\_\_\_\_\_  
SIGNATURE DATE