



**THIS IS NOT A LETTER OF ACCEPTANCE**  
**AMOS SOBER LIVING MEMBERSHIP APPLICATION**

Email: [Info@ashagj.com](mailto:Info@ashagj.com)  
Office phone (970) 985-4041  
Fax: (970) 241-2282

**APPLICATION PROCESS**

- 1. COMPLETE APPLICATION AND SUBMIT FORM**
- 2. COMPLETE INTERVIEW WITH PROGRAM MANAGER or BUSINESS OPERATIONS DIRECTOR**
- 3. IF ACCEPTED, ARRANGE TIME AND DATE OF ARRIVAL**

Please note: An acceptance letter will be issued only after the completion of the above process.

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NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

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

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

Insurance? (circle one) Yes or No Insurance Number: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Transgender \_\_\_ Non-Binary Pronouns: \_\_\_\_\_

Gender Identity: \_\_\_ Male \_\_\_ Female \_\_\_ other: \_\_\_\_\_

Sexual Orientation: \_\_\_ Hetero \_\_\_ Gay \_\_\_ Lesbian \_\_\_ Bisexual \_\_\_ Asexual

Race/ Ethnicity: \_\_\_ American Indian/ Alaskan \_\_\_ Pacific Islander \_\_\_ Asian \_\_\_ Latino \_\_\_ Caucasian  
\_\_\_ African American

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Committed Relationship \_\_\_ Widowed

Military Status: Yes/ No Branch: \_\_\_\_\_

In the last 30 days where have you been living?

\_\_\_ my own home/ Apartment

\_\_\_ Friends/ family

\_\_\_ someone else/ Roommate

\_\_\_ in a medical, treatment, recovery setting

\_\_\_ Shelter or other temporary housing facility

\_\_\_ outdoors or on streets

\_\_\_ other: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

Do you give us consent to speak with this individual Yes/ NO

Please check all of the following forms of identification (ID) which you have in your Possession

Social Security Card: Yes \_\_\_ No \_\_\_ Number: \_\_\_\_\_

Driver's License: Yes \_\_\_ No \_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_

State Picture ID: Yes \_\_\_ No \_\_\_ Number: \_\_\_\_\_ State \_\_\_\_\_

Birth Certificate: Yes \_\_\_ No \_\_\_ Number: \_\_\_\_\_ State \_\_\_\_\_

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**MEDICAL INFORMATION**

How long have you been sober? \_\_\_\_\_ Drug(s) of Choice \_\_\_\_\_

IV Usage? Yes/ No Age Began Using? \_\_\_\_\_

Have you ever participated in an alcohol and/ or Drug Treatment Program? \_\_ Yes \_\_ No  
Where \_\_\_\_\_

Which 12 step meetings do you attend? (AA, NA, CA, etc.): \_\_\_\_\_

Do you currently have a Sponsor? Yes/ No

Sponsor Name and Phone \_\_\_\_\_

Have you been diagnosed with any Mental Health conditions? Yes/ No

if yes what conditions: \_\_\_\_\_

List medical conditions: \_\_\_\_\_

List of current prescription medication:

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Communicable Diseases: \_\_\_\_\_

Other Current Illness/ Disability:

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Do you require any special accommodation? Yes \_\_\_ No \_\_\_?

If yes what accommodations: \_\_\_\_\_

Do you have any Allergies: \_\_\_\_\_

Are you physically independent and able to perform daily activities such as showering, using the restroom, walking without assistance, and getting in and out of bed on your own?

\_\_\_ Yes \_\_\_ No

If No, please explain below in further detail so we can better understand your needs:

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RESIDENT INFORMATION (Please circle Y or N for the following questions)

Have you ever lived in a Sober Living home? Y / N If yes, which one?

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Are you court ordered to live in a Sober living Environment/ Halfway House?

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Are you currently involved in any legal action? Y / N If "Yes" please explain:

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Are you required to register as a sex offender? Y / N State of Registry: \_\_\_\_\_

Have you been accused/ convicted of a Sex Offence? Y / N

Have you ever been convicted of arson? Y / N

A felony? Y / N If yes How many and what were the charges?

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Do you have any legal charges pending? Y/N if yes list court dates and charges

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Probation/ Parole: Yes \_\_\_ No \_\_\_ (A copy of probation/ parole details must be provided)

Probation/ Parole officer (if known): \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Email Address (if applicable): \_\_\_\_\_

If incarcerated, what is your earliest projected release date \_\_\_\_/\_\_\_\_/\_\_\_\_

How long incarcerated: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

**Employment History**

What is your current employment status:

\_\_\_ Fulltime \_\_\_ Part time \_\_\_ Looking for work \_\_\_ Volunteering

Are you currently employed? Yes \_\_\_ No \_\_\_ where? \_\_\_\_\_

Are you currently receiving SSI/ SSDI? Yes \_\_\_ No \_\_\_

Source of income (if not wages or disability): \_\_\_\_\_

Salary (Weekly/Monthly): \_\_\_\_\_

Do you own a vehicle? Yes \_\_\_ No \_\_\_ if yes will the vehicle be with you? Yes \_\_\_ No \_\_\_

If yes, what is the License Plate Number? \_\_\_\_\_ Vin Number \_\_\_\_\_

Do you have Auto Insurance? Yes \_\_\_ No \_\_\_

Are you required to Ignition Interlock? Yes \_\_\_ No \_\_\_

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*Please answer the following questions to help us consider your application into the program.*

What are you expecting to get out of the sober housing program?

\_\_\_\_\_  
\_\_\_\_\_

Please provide three attainable goals you want to work towards when approved for enrollment:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

The move in fee of \$715 must be paid on or before the day of move in.

Are you able to pay this upon move in day? (Circle one) Yes No Other: \_\_\_\_\_

Requested sober living start date: \_\_\_\_\_

**Amos Sober Living MEMBERSHIP APPLICATION IMPORTANT NOTICE:**

Amos Sober Living is a recovery home which enforces expulsion, without prior notice or refund of deposit and fees, of any resident member who is found to be:

- 1) using alcohol or drugs.
- 2) engaging in disruptive behavior; or
- 3) in default of payment of monthly membership fee.

All members of Amos Sober Living are members of our recovery facilities. You do NOT have renter's rights or any rights of tenants pursuant to the Colorado Property Code, and expressly waive any such rights in exchange for membership privileges.

I have read the above notice and understand that I am applying for membership of Amos Sober Living as a member of a recovery facility. I agree to abide by the responsibilities and requirements of the house and fully subject myself to the rules and expectations of the home, which include periodic/random drug testing.

I understand that I am subject to immediate expulsion from the home if any of the following occur:

- 1) I use alcohol or drugs (other than prescribed medications); 2) I engage in disruptive behavior (continued patterns of irresponsible behavior are considered disruptive behavior); 3) I fail to pay my monthly membership dues.

SIGNATURE of APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Referral Source: \_\_\_\_\_

**TO BE COMPLETED AT TIME OF INTERVIEW** The membership application was reviewed with the applicant, and he/she acknowledged the IMPORTANT NOTICE and requirements for membership in Amos Sober Living set forth above. The applicant has reviewed the Amos Sober Living house rules.

SIGNATURE of Program Manager: \_\_\_\_\_ DATE: \_\_\_\_\_

Amos Sober Living (To be completed upon arrival as a member resident) I have received a copy of the house rules and policies. I understand that failure to follow the rules and/or responsibilities may result in monetary fines and/or expulsion from Amos Sober Living.

In the event of expulsion, I understand that any fees/deposits paid to the house will be forfeited.

NAME of PROSPECTIVE MEMBER: \_\_\_\_\_ (Please Print)

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

SIGNATURE of Program Manager: \_\_\_\_\_

