



HARMONY HAUS | SOBER LIVING

MEMBER APPLICATION

HARMONY HAUS, LLC.



CONFIDENTIAL

NEW MEMBER APPLICATION INFORMATION		
BACKGROUND CHECK INFORMATION		
FULL NAME:	ADMISSION DATE REQUESTED:	
PHONE:	EMAIL:	MARITAL STATUS:
DATE OF BIRTH:	TREATMENT CENTER ATTENDING/ATTENDED:	REFERRAL SOURCE:
CURRENT ADDRESS:		IS THIS A TREATMENT FACILITY? <small>CIRCLE: YES OR NO</small>
CITY:	STATE:	ZIP CODE:
PREVIOUS ADDRESS:		
CITY:	STATE:	ZIP CODE:
HOME OF RECORD:		
CITY:	STATE:	ZIP CODE:
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR FELONY? <small>CIRCLE: YES OR NO IF YES EXPLAIN:</small> INCLUDE ANY MISDEMEANOR OFFENSES:		
ARE YOU CURRENTLY FACING ANY LEGAL CHARGES? <small>CIRCLE: YES OR NO IF YES EXPLAIN:</small>		
PROVIDE ANY ADDITIONAL INFORMATION OR STATEMENTS YOU WOULD LIKE TO MAKE ABOUT YOUR LEGAL BACKGROUND HERE:		
I AUTHORIZE THE VERIFICATION OF THE INFORMATION PROVIDED ON THIS FORM AS TO MY CRIMINAL BACKGROUND:		DATE:
SIGNATURE OF APPLICANT:		PRINT NAME:
<small>NOTE: A CRIMINAL BACKGROUND OR FELONY IS NOT GROUNDS FOR DENIAL OF APPLICATION TO HARMONY HAUS, LLC.; UNLESS CRIMES ARE OF VIOLENT AND SEXUAL NATURE. IN THAT CASE, APPLICANT WOULD BE DEEMED AS POTENTIALLY BEING HARMFUL TO THE SOBER LIVING COMMUNITY AND RESULT IN DENIAL OF ADMISSION TO HARMONY HOUSE, LLC.</small>		



NEW MEMBER APPLICATION INFORMATION		
INSURANCE INFORMATION		
HEALTH INSURANCE PROVIDER:		PHONE:
SUBSCRIBER:		PLAN TYPE:
GROUP NAME:	GROUP ID:	COVERAGE TYPE:
MEMBER NAME:	MEMBER ID:	EFFECTIVE DATE:
PRIMARY CARE PHYSICIAN:		PHONE:
HARMONY HAUS, LLC. WILL WORK WITH YOUR CURRENT INSURANCE HEALTHCARE PROVIDER UPON REQUEST		
EMERGENCY CONTACT		
1 ST PERSON TO CONTACT IN CASE OF AN EMERGENCY & RELATIONSHIP:		PHONE 1:
ADDRESS:		PHONE 2:
CITY:	STATE:	ZIP CODE:
EMAIL:		
2 ND PERSON TO CONTACT IN CASE OF AN EMERGENCY & RELATIONSHIP:		PHONE 1:
ADDRESS:		PHONE 2:
CITY:	STATE:	ZIP CODE:
EMAIL:		
EMPLOYMENT INFORMATION		
CURRENT OR PREVIOUS EMPLOYER:		
EMPLOYER ADDRESS:		HOW LONG:
PHONE:	E-MAIL:	FAX:
CITY:	STATE:	ZIP:
POSITION:	CIRCLE ONE: HOURLY OR SALARY	ANNUAL INCOME:
EDUCATION		
HIGH SCHOOL:	GRADUATE: CIRCLE YES OR NO DIPLOMA: CIRCLE YES OR NO	
COLLEGE:	HIGHEST LEVEL COMPLETED OR DEGREE:	
GRADUATE SCHOOL:	HIGHEST LEVEL COMPLETED OR DEGREE:	
TECHNICAL, TRADE, OR OTHER & RELEVANT PROFESSIONAL QUALIFICATIONS:	CERTIFICATE RECEIVED:	

NEW MEMBER APPLICATION INFORMATION		
PERSONAL REFERENCES		
NAME	ADDRESS	PHONE
FINANCIAL RESPONSIBILITY		
NAME:	RELATIONSHIP:	
E-MAIL:	PHONE:	
DO YOU RECEIVE ANY STATE OR FEDERAL FUNDS? FOOD STAMPS?	DO YOU RECEIVE ANY INVESTMENT OR TRUST INCOME? AMOUNT?	
APPLICANT RECOVERY PROGRAM INFORMATION		
SOBRIETY DATE:	ARE YOU AN ADDICT? <small>CIRCLE: YES OR NO</small> <small>CIRCLE ONE: ALCOHOLIC AND/OR DRUG ADDICT</small>	DRUG OF CHOICE:
HAVE YOU EVER BEEN IN SOBER LIVING BEFORE? <small>CIRCLE: YES OR NO</small> IF YES, WHAT IS DIFFERENT THIS TIME AROUND? EXPLAIN:		
WHAT ARE YOUR ACCOMPLISHMENTS IN RECOVERY?		
WHAT ARE YOUR SHORT-TERM RECOVERY GOALS?		

NEW MEMBER APPLICATION INFORMATION

WHAT ARE YOUR LONG-TERM RECOVERY GOALS?

LIST YOUR STRENGTHS:

EXAMPLE: INTELLIGENT, PERSONABLE, WILLINGNESS, COMPASSIONATE, ETC...

LIST YOUR NEEDS:

EXAMPLE: ACCOUNTABILITY, DIRECT APPROACH, EMOTIONAL SUPPORT, ETC...

LIST YOUR ABILITIES:

EXAMPLE: TAKES DIRECTION, GOOD LISTENER, ETC...

LIST YOUR PREFERENCES:

EXAMPLE: HIKING, WATERSPORTS, EXERCISE & HEALTH, RELIGION, ETC...

ARE YOU ATTENDING AN IOP OR AFTERCARE PROGRAM? CIRCLE: YES OR NO IF YES PROVIDE PROGRAM NAME & CONTACT INFORMATION:

ARE YOU CURRENTLY WORKING WITH A THERAPIST/COUNCILOR? CIRCLE: YES OR NO IF YES PROVIDE NAME & CONTACT INFORMATION:

DO YOU HAVE A SPONSOR OR ACCOUNTABILITY PARTNER? CIRCLE: YES OR NO IF YES PROVIDE NAME & CONTACT INFORMATION:

DO YOU HAVE A PROBATION OFFICER, COURT, OR ATTORNEY WHO WILL NEED VERIFICATION OF DRUG SCREENING? CIRCLE: YES OR NO

LIST ALL **PRESCRIPTION** MEDICATIONS CURRENTLY TAKING - REASON TAKING MEDICATION - TAKING AS PRESCRIBED? - DOES IT WORK?

NEW MEMBER APPLICATION INFORMATION

LIST ALL **NON-PRESCRIPTION OVER-THE-COUNTER** MEDICATIONS CURRENTLY TAKING - REASON TAKING MEDICATION - DOES IT WORK?

LIST ANY CURRENT MEDICAL CONDITIONS:

HAVE YOU BEEN TESTED FOR HEPATITIS OR HIV? CIRCLE: YES OR NO

NOTE: REASON FOR ASKING IS BECAUSE WE HAVE COLLABORATIVE RELATIONSHIPS, AND ACCESS TO MEDICAL SERVICES AND TREATMENT RESOURCES FOR THESE CONDITIONS.

USE THE FOLLOWING SPACE FOR ANY ADDITIONAL RELEVANT INFORMATION YOU WOULD LIKE TO PROVIDE:

REQUESTED MOVE-IN-DATE:

HOW DID YOU HEAR ABOUT HARMONY HAUS SOBER LIVING?

ACKNOWLEDGEMENT & REPRESENTATION

I AUTHORIZE THE VERIFICATION OF THE INFORMATION PROVIDED ON THIS FORM AS TO MY CLINICAL ADDICTION TREATMENT BACKGROUND & CRIMINAL HISTORY.

NOTICE OF MEMBERSHIP FEES

APPLICATION FEES | HYDE PARK MEN'S & WOMEN'S HAUS \$500⁰⁰ | URBAN HAUS \$500⁰⁰ | WESTLAKE VILLAGGIO HAUS \$500⁰⁰

APPLICANT AGREES TO SUBMIT A NON-REFUNDABLE FEE OF \$500 TO HARMONY HAUS, LLC. FOR PROCESSING OF THIS APPLICATION. INVOICE WILL BE SENT TO THE RESPONSIBLE FINANCIAL PARTIES EMAIL INCLUDED ON THIS APPLICATION. PROCESSING OF PAYMENT CAN BE DONE THROUGH HARMONY HAUS, LLC. ONLINE INVOICING SYSTEM. PAYMENTS CAN BE MADE BY CHECK OR DEBIT/CREDIT CARDS. UPON APPLICATION APPROVAL, HARMONY HAUS SOBER LIVING WILL HOLD YOUR MEMBERSHIP TO A RECOVERY RESIDENCE FOR UP TO 10 DAYS.

MONTHLY FEES - HYDE PARK HAUS MEN'S \$1,750⁰⁰ & WOMEN'S \$2,500 | WESTLAKE VILLAGGIO HAUS \$3,500⁰⁰ | URBAN HAUS \$1,500⁰⁰

THE FIRST MONTH MEMBERSHIP FEE IS DUE UPON ENROLLMENT TO THE SOBER LIVING PROGRAM. RENT IS PRORATED FOR THE SECOND MEMBERSHIP FEE ALIGNING WITH THE COMPANIES BILLING-CYCLE. THE RESPONSIBLE FINANCIAL PARTY INFORMATION SUBMITTED ON THIS MEMBER APPLICATION WILL BE USED FOR ALL FUTURE PROCESSING OF FEES UNLESS INSTRUCTED OTHERWISE.

APPLICANT UNDERSTANDS THAT PROVIDING INACCURATE OR INCOMPLETE INFORMATION IS GROUNDS FOR REJECTION OF THIS APPLICATION AND FORFEITURE OF ANY APPLICATION FEE THAT MAY BE GROUNDS TO DECLARE APPLICATION IN BREACH OF ANY MEMBER AGREEMENT THE APPLICANT MAY SIGN.

APPLICANT REPRESENTS THAT THE STATEMENTS IN THE APPLICATION ARE TRUE AND COMPLETE.

SIGNATURE OF APPLICANT:

DATE:

SIGNATURE OF RESPONSIBLE FINANCIAL PARTY:

DATE:

PLEASE PRINT, FILL-OUT, SIGN & SCAN, SEND BACK TO HIPPA COMPLIANT SECURE & ENCRYPTED E-MAIL: ADMISSIONS@HARMONYSOBERLIVING.US

**PLEASE ALLOW 24HRS.
FOR BACKGROUND PROCESSING REVIEW
& RESPONSE**