



BODINE RECOVERY | SOBER LIVING

MEMBER APPLICATION

BODINE RECOVERY HOMES, LLC.

NEW MEMBER APPLICATION INFORMATION		
BACKGROUND CHECK INFORMATION		
FULL NAME:		NICKNAME OR ALIAS:
PHONE:	EMAIL:	MARITAL STATUS:
DATE OF BIRTH:	DL/ID# EXPIRATION DATE STATE ISSUED	SSN:
CURRENT ADDRESS: IS THIS A TREATMENT FACILITY? CIRCLE: YES OR NO		
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? CIRCLE: YES OR NO IF YES EXPLAIN: INCLUDE ANY MISDEMEANOR OFFENSES:		
ARE YOU CURRENTLY FACING ANY LEGAL CHARGES? CIRCLE: YES OR NO IF YES EXPLAIN:		
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:
NOTE: A CRIMINAL BACKGROUND OR FELONY IS NOT GROUNDS FOR DENIAL OF APPLICATION TO BODINE RECOVERY HOMES, 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 BODINE RECOVERY HOMES, LLC.		

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:	
BODINE RECOVERY HOMES, 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:
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:	EMAIL:	FAX:
CITY:	STATE:	ZIP:
POSITION:	CIRCLE ONE: HOURLY OR SALARY	ANNUAL INCOME:

NEW MEMBER APPLICATION INFORMATION		
PERSONAL REFERENCES		
NAME	ADDRESS	PHONE
FINANCIAL RESPONSIBILITY		
NAME:	RELATIONSHIP:	
EMAIL:	PHONE:	
APPLICANT RECOVERY PROGRAM INFORMATION		
SOBRIETY DATE:	ARE YOU AN ADDICT? CIRCLE YES OR NO CIRCLE ONE: ALCOHOLIC AND/OR DRUG ADDICT	DRUG OF CHOICE:
HAVE YOU EVER BEEN IN SOBER LIVING BEFORE? CIRCLE YES OR NO IF YES, WHAT IS DIFFERENT THIS TIME AROUND? EXPLAIN:		
WHAT ARE YOUR ACOMPLISHMENTS IN RECOVERY?		
WHAT ARE YOUR SHORT-TERM RECOVERY GOALS?		

NEW MEMBER APPLICATION INFORMATION

WHAT ARE YOUR LONG-TERM RECOVERY GOALS?

LIST YOUR STRENGTHS:

LIST YOUR NEEDS:

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

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

LIST YOUR ABILITIES:

LIST YOUR PREFERENCES:

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

EXAMPLE: RELIGION, HEALTH & FITNESS, WATERSPORTS, ECT. ...

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

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

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

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

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

NEW MEMBER APPLICATION INFORMATON

LIST ALL NON-PERScription MEDICATIONS CURRENTLY TAKING – REASON TAKING MEDICATION – DOES IT WORK?

LIST ANY CURRENT MEDICAL CONCERNS:

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

REQUESTED MOVE-IN-DATE:

HOW DID YOU HEAR ABOUT BODINE RECOVERY HOMES SOBER LIVING?

ACKNOWLEDGMENT & 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

200\$ APPLICATION FEE: APPLICANT AGREES TO SUBMIT A NON-REFUNDABLE FEE OF \$200 TO BODINE RECOVERY HOMES, 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 BODINE RECOVERY HOMES, LLC. ONLINE INVOICING SYSTEM. PAYMENTS CAN BE MADE BY CHECK OR DEBIT/CREDIT CARDS. UPON APPLICATION APPROVAL, BODINE RECOVERY SOBER LIVING WILL HOLD YOUR MEMBERSHIP TO A RECOVERY RESIDENCE FOR UP TO 10 DAYS.

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 COMPANY 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: CONTACT@BODINERECOVERYHOMES.COM

PLEASE ALLOW 24HRS. FOR BACKGROUND PROCESSING REVIEW & RESPONSE