

RESIDENT APPLICATION & INTAKE

A Safe Place to Heal, Grow and Move Forward

Thank you for considering Breathe Again Living. This application helps us understand your current situation, goals, and support needs so we can determine whether our transitional living community may be an appropriate fit. Please answer as openly as you are comfortable. You do not need to tell your entire story on this form.

1. APPLICANT INFORMATION

Full Legal Name _____

Preferred Name _____

Date of Birth _____

Phone _____

Email _____

Current Address / Current Location _____

■ Women's Home ■ Women's Home with Child(ren) ■ Men's Home

Preferred / Needed Move-In Date _____

Emergency Contact

Name _____

Relationship _____

Phone _____

Email (if available) _____

2. REFERRAL, CURRENT SITUATION & SERVICES NEEDED

Referred By / Organization _____

Referral Contact Information _____

Where are you currently staying?

_____

What is leading you to seek transitional housing at this time?

_____

_____

What services or support are you needing most from this program?

■ Safe housing ■ Recovery support ■ Employment / job readiness ■ Financial stability / budgeting

■ Life skills ■ Parenting / family support ■ Transportation / resources ■ Community / healthy connection

Other _____

_____

_____

3. HOUSING & STABILITY

Please briefly describe your recent housing situation.

Do you have any immediate housing or safety concerns we should know about when considering placement?

■ I have reliable transportation ■ I need transportation resources

■ I have a current photo ID ■ I need help obtaining identification / documents

Other practical barriers or stability needs:

4. RECOVERY & SUBSTANCE-FREE LIVING

Breathe Again Living is a substance-free transitional living environment. The questions below help us understand the recovery support already around you and what may be helpful during your stay.

■ I understand and am willing to maintain a substance-free living environment

■ I understand residents must follow Breathe Again Living's Drug & Alcohol Testing Policy

What recovery supports are you currently using, if any? (meetings, treatment, faith/community support, peer support, etc.)

■ I currently have a sponsor ■ I do not currently have a sponsor

Sponsor Name _____

Sponsor Phone / Contact Information _____

■ Yes, Breathe Again Living may contact my sponsor ■ No, please do not contact my sponsor at this time

Anything else you would like us to understand about your recovery support needs?

5. EMPLOYMENT, INCOME & FINANCIAL STABILITY

■ Employed full-time ■ Employed part-time ■ Seeking employment ■ Other income/resources

Employer / Source of Income (if applicable) _____

Approximate Monthly Income / Resources _____

■ I understand the current residence fee is $225 per week

Do you anticipate needing help connecting with employment, benefits, budgeting, or other financial resources?

6. SAFETY & SUPPORT CONSIDERATIONS

Please share only information relevant to helping Breathe Again Living determine whether we can safely and appropriately support you in a shared transitional living environment.

Are there safety, accessibility, legal, supervision, or other support considerations that may affect your placement or daily living in the home?

Is there anything that would help you feel safer or better supported during your transition?

7. GOALS FOR YOUR STAY

Which areas would you most like to strengthen while living at Breathe Again Living?

■ Recovery ■ Employment ■ Finances ■ Education / training ■ Parenting / family

■ Life skills ■ Permanent housing ■ Healthy relationships / community ■ Confidence / personal growth

Other _____

What would progress or a successful transition look like for you?

8. YOUR JOURNEY & SUPPORT NEEDS

You do not need to share your full story here. This section helps us understand the kind of support that may feel meaningful and appropriate to you.

Are there life experiences or transitions you are comfortable identifying that may help us understand your support needs?

■ Recovery / addiction ■ Reentry after incarceration ■ Domestic abuse / unsafe relationship

■ Homelessness / housing instability ■ Financial hardship ■ Family disruption ■ Other

What kind of support helps you feel respected, safe, encouraged, or understood?

Partnership Volunteering: When appropriate, Breathe Again Living may offer an opportunity to connect with a volunteer whose lived experience, strengths, or skills align with your identified needs. The volunteer's role is to stand with you - not rescue, fix, counsel, or make decisions for you.

■ Yes, I am open to learning more ■ Maybe / I would like to discuss it ■ No, not at this time

If you are open to a Partnership Volunteer, what qualities, lived experience, or practical skills might be helpful to you?

9. CHILDREN & FAMILY INFORMATION - IF APPLICABLE

Complete this section only if you are applying to live in the Women's Home with child(ren).

Child(ren)'s Name(s), Age(s), and Relationship to Applicant:

School / childcare arrangements or needs:

Child Emergency Contact (if different from applicant's emergency contact)

_____

Are there custody, visitation, safety, school, childcare, or other family considerations relevant to living in the home?

_____

_____

_____

10. APPLICANT ACKNOWLEDGMENT & SIGNATURE

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that submitting this application does not guarantee admission to Breathe Again Living. I understand that Breathe Again Living may need additional information to determine whether the program can safely and appropriately meet my needs.

I understand that Breathe Again Living will not contact my sponsor, referral source, service provider, or other support person solely because their information appears on this application unless I have given permission or another lawful basis applies. Any authorization requested for additional information will be handled separately when appropriate.

Applicant Printed Name _____

Applicant Signature _____

Date _____

BREATHE AGAIN LIVING - ADMINISTRATIVE USE ONLY

Application Received Date _____

Received / Reviewed By _____

■ Interview scheduled ■ Interview completed ■ Additional information needed

Interview Date _____

■ Eligible / Appropriate fit ■ Pending additional review ■ Not approved / alternate referral recommended

Proposed Home / Placement _____

Proposed Move-In Date _____

Review Notes / Follow-Up Needed:

_____

_____

_____

Reviewer Signature _____

Date _____