NAME, PLEASE PRINT CLEARLY | PHONE NUMBER | EMAIL ADDRESS

ANCHORAGE
GOSPEL RESCUE MISSION

More Than a Meal. A Life Made New.

HOUSING APPLICATION

Men's Recovery Support

An extension of the AGRM LifeSkills Program for men

The Men's Recovery Support Program is group housing for men who have come through LifeSkills and want the added support of a sober household while they work and rebuild. Please complete every area of this application.

Every area must be filled out for this application to be considered valid. Employment and income will be verified.

STAFF INITIALS AND DATE

ANCHORAGE GOSPEL RESCUE MISSION
2823 East Tudor Road, Anchorage, Alaska 99507
907-563-5603 main · 907-563-3863 fax · anchoragerescue.org

Please fill out this application completely and return it to the AGRM LifeSkills Rental Manager. An interview will be arranged.

APPLICANT AND CONTACT

1. PRINT NAME (LAST, FIRST, MIDDLE)

2. PRESENT ADDRESS (STREET)

☐ Check here if this address is a treatment facility

CITY | STATE | ZIP

3. DATE OF BIRTH: MONTH | DAY | YEAR

4. PHONE WHERE YOU CAN BE REACHED — HOME | WORK | CELL

RECOVERY STATUS

5. Are you an alcoholic? (Recovering) ☐ YES ☐ NO 6. Date of your last drink?

7. Are you addicted to drugs? (Recovering) ☐ YES ☐ NO 8. Date of last drug use?

9. List the drugs you used addictively.

10. WHEN DID YOU ATTEND YOUR FIRST AA OR NA MEETING?

11. HOW MANY AA / NA MEETINGS DO YOU ATTEND NOW?

Do you have a sponsor? ☐ YES ☐ NO

If you do not have a sponsor now, will you get one? ☐ YES ☐ NO

What step are you on now?

COMMITMENT

12. Do you want to remain free from drinking alcohol and using addictive drugs? ☐ YES ☐ NO

Why do you want to remain free from alcohol and drugs?

WORK AND INCOME

13. Are you employed? ☐ YES ☐ NO If yes, who is your employer?

14. Do you receive welfare or other income not from a job? ☐ YES ☐ NO If yes, what?

15. If you do not have a job, will you get one? ☐ YES ☐ NO

Verification required. Bring a recent pay stub, or other proof of income, to your interview.

16. YOUR MONTHLY INCOME RIGHT NOW ($)

17. MONTHLY INCOME YOU EXPECT NEXT MONTH ($)

PERSONAL AND MEDICAL

18. Marital status (check one) ☐ Married ☐ Never married ☐ Separated ☐ Divorced

19. Do you have a medical doctor? ☐ YES ☐ NO

IF YES, DOCTOR'S NAME

PHONE

20. Have you ever been to a treatment facility for alcoholism or drug addiction? ☐ YES ☐ NO

If yes, list the treatment provider, phone number, and primary counselor.

OUTPATIENT TREATMENT

FOLLOW-UP TREATMENT

21. Do you take prescription drugs? ☐ YES ☐ NO

If yes, list each drug and the reason it was prescribed.

LIVING WITH OTHERS

MRSP is group housing. These questions help us place you in a household where you and the other men can do well together.

How do you feel about sharing a bedroom and group living?

How do you handle confrontation?

Can you confront others in a constructive manner? ☐ YES ☐ NO

How?

ANGER AND CONFLICT

Have you ever attended anger management? ☐ YES ☐ NO

Do you have an anger problem? ☐ YES ☐ NO

If yes, please explain.

HOUSEHOLD FIT

Are you involved in a relationship? ☐ YES ☐ NO

Do you have children? ☐ YES ☐ NO

HEALTH AND LEGAL

Do you have any medical problems or mental health conditions we should know about? ☐ YES ☐ NO

If yes, please explain.

Do you have any other legal issues, court dates, or outstanding warrants? ☐ YES ☐ NO

If yes, please explain.

Have you ever been arrested for a sex offense? ☐ YES ☐ NO

If yes, please explain.

YOUR PLAN FOR RECOVERY

What is your plan for recovery?

RELAPSE AWARENESS

Have you identified your relapse triggers? ☐ YES ☐ NO

If yes, what are they, and how do you plan to avoid them or reduce their effect on you?

Tell us what your behavior might look like when you are heading toward a relapse.

What are the benefits of recovery that matter most to you?

APPLICANT SIGNATURE

I have filled out this application completely, and the answers I have given are true. I understand that my employment and income will be verified.

PRINTED NAME **DATE**

SIGNATURE **DATE**

PROGRAM MANAGER SIGNATURE **DATE**

What happens next. Return this application to the AGRM LifeSkills Rental Manager. An interview will be arranged. Direct line: 907-759-1743.