CSB PATHWAYS TO RECOVERY

Sober Living Residence | Resident Application

Applicant Information

Full legal name

Preferred name

Date of birth

Phone number

Email address

Current address (street, city, state, ZIP)

Emergency contact name

Emergency contact phone

Emergency contact relationship

Desired move-in date

HOUSING & REFERRAL

How did you hear about CSB Pathways to Recovery?

Current living situation (optional):

- ☐ With family/friends
- ☐ Temporary housing
- ☐ Other

If referred by a program or agency, please provide its name (optional)

Are you applying voluntarily?

- ☐ Yes
- ☐ No

Are you currently employed, in school, or participating in a program? (optional)

- ☐ Employed
- ☐ In school
- ☐ In a program
- ☐ Other

Please complete all applicable sections. Information will be reviewed privately and used to evaluate housing availability and program fit.

Recovery Goals & Community Living

RECOVERY & SUPPORT

What motivates you to seek a sober living environment?

What are your recovery and personal goals for the next 3-6 months?

What support or resources would help you succeed here?

COMMUNITY EXPECTATIONS

Please indicate whether you are willing to:

- ☐ Maintain an alcohol- and drug-free living environment
- ☐ Follow house rules and respect other residents
- ☐ Participate in agreed-upon recovery activities / meetings
- ☐ Complete shared household responsibilities
- ☐ Communicate respectfully with staff and housemates

Do you have any accessibility or reasonable accommodation requests?

Please do not include medical diagnoses or detailed treatment records on this form.

Acknowledgment & Signature

ADDITIONAL INFORMATION

Is there anything else you would like us to know about your housing needs?

APPLICANT ACKNOWLEDGMENT

I certify that the information I provided is accurate to the best of my knowledge.

I understand that submitting an application does not guarantee acceptance or housing.

I understand that program expectations, fees, and resident agreements will be explained before I make a decision to move in.

I authorize CSB Pathways to Recovery to contact me regarding this application.

☐ I have read and understand the acknowledgment above.

Applicant signature (type full name)

Date

FOR OFFICE USE ONLY

Date received

Reviewed by

Application status:

☐ Pending ☐ Approved ☐ Not approved

Privacy note: Store completed applications securely and share only with authorized staff.

Do not request Social Security numbers or detailed health histories on this general application.