



**Erin's House: 58 Gumpus Road, Dracut, MA 01826**

**Application for Success Home Membership**

**\*\*PLEASE NOTE YOU MUST HAVE MINIMUM 90 DAYS RECOVERY\*\***

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(Last) (First) (MI)

DOB: (MM/DD/YYYY)

Are you currently or have been homeless in the past 6 months? Y N

Current Address: \_\_\_\_\_  
(Street/Apt #)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contacts:

1) \_\_\_\_\_  
(Name) (Number) (Relationship)

2) \_\_\_\_\_  
(Name) (Number) (Relationship)

How much recovery do you currently have? \_\_\_\_\_ Sobriety date? \_\_\_\_\_

Who can provide documentation of your abstinence? \_\_\_\_\_

History of substance use disorder treatment in the past year (including detox): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you attend AA, NA, or other self-help meetings?    Y        N    Frequency? \_\_\_\_\_

Do you currently have a home group?    Y        N    If yes, where? \_\_\_\_\_

Do you currently have a sponsor?        Y        N

If yes, name and number: \_\_\_\_\_

Health Insurance Provider & Policy #: \_\_\_\_\_

Are you currently prescribed any medications?        Y        N

If yes, please complete the chart below:

Medication	Dosage	Frequency	Prescriber

Any medical issues and/or physical limitations?        Y        N

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Any hospitalizations for mental health and/or self-harm in the past 2 years?    Y        N

If yes, please explain (include dates):

\_\_\_\_\_  
\_\_\_\_\_

Are you currently on probation?      Y      N                      Parole?      Y      N

If yes, who is the contact person? \_\_\_\_\_

Will we need to be in contact? Y      N      Phone number: \_\_\_\_\_

Which court? \_\_\_\_\_

Do you have any outstanding warrants/open cases?      Y      N

Have you ever been arrested or convicted for any violent, sexual, and/or arson-related crimes?      Y      N

Are you currently employed? Y      N      Enrolled in school? Y      N      Engaged in volunteering? Y      N

If yes, where? \_\_\_\_\_

If employed, what is your weekly income? \_\_\_\_\_

Do you have any other income?      Y      N

If yes, from where and amount? \_\_\_\_\_

Relationship status (circle one):      Single      Dating      Married      Divorced

Do you have children?      Y      N

If yes, ages: \_\_\_\_\_

Is there any DCF involvement? Y      N      *If yes, please provide copy of service plan.*

Do you plan on having a vehicle on the property?      Y      N

Valid license? Y      N                      Valid registration? Y      N

*If yes, please provide copy of each and proof of insurance.*

Were you a resident of Erin's House or Megan's House in the past? \_\_\_\_\_

**\*\*ATTACH A LETTER OF REFERENCE FROM A TREATMENT OR MEDICAL PROFESSIONAL\*\***

**I understand that I am subject to immediate expulsion from the house if any of the following occur:**

- 1) I use alcohol and/or drugs; other than my prescribed medication(s)
- 2) I fail to pay my weekly share of house expenses
- 3) I engage in disruptive/aggressive behavior
- 4) I participate in any illegal activity on or off the property

**I understand that if I am expelled from the house for any of the above reasons there will be no refunds.**

**I agree to abide by the Erin's House principles and fully subject myself to the rules of this house, including but not limited to, mandatory random drug testing.**

***By signing below, I certify that the information contained in this application is true to the best of my knowledge, that I understand and accept the conditions set forth above for membership in Erin's House, and that I agree to abide by said conditions should I be accepted as a member of this house.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Outcome: \_\_\_\_\_