NEXT LEVEL LIVING RESIDENCE INTAKE FORM

A Safe, Supportive Environment for Recovery, Stability & Personal Growth

Our mission is to support the growth and healing of each individual seeking sobriety and their journey to recovery as they gain independence and the tools to be successful in life.

Date of Intake:

Desired Move-In Date:

Home:		**Room#**	
Move-In Date		**LIC FEE**	
End of Probation		**NON-REFUNDABLE DEPOSIT**	

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1. BASIC INFORMATION

Full Legal Name:

Preferred Name:

Gender:

Preferred Pronouns:

Phone Number:

Email Address:

Current Address:

2. SECURED INFORMATION

Date Of Birth: / / **Age:**

SSN/ITIN #: - -

ID/CDL#:

Military ID #:

Marital Status: **Spouse's Name:**

Emergency Contact

Name:

Relationship:

Phone Number:

Alternate Phone:

Emergency Contact

Name:

Relationship:

Phone Number:

Alternate Phone:

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3. RESIDENCY & HOUSING INFORMATION

Current Living Situation:

- ☐ Living independently
- ☐ Living with family/friends
- ☐ Treatment facility
- ☐ Transitional housing
- ☐ Sober living
- ☐ Homeless
- ☐ At risk of homelessness
- ☐ Other:

Where will you stay if you are not accepted into NLLR?

Why are you seeking sober/transitional living at this time?

How long do you anticipate needing sober/transitional housing?

Are you currently homeless or at risk of homelessness?
☐ Yes ☐ No

If yes, please explain:

4. MEDICAL INFORMATION

Do you have Medical Insurance? ☐ ☐

Provider: Health Card #:

Contact #: ( )

Do you smoke? (Circl ☐ Yes ☐ No

IF YES, please explain:

5. SUBSTANCE USE & RECOVERY HISTORY

Please list all substances you have used:

Substance	Age First Used	Length/Frequency of Use	Date of Last Use

Are you currently experiencing withdrawal symptoms?
☐ Yes ☐ No ☐ Unsure

If yes, please describe your symptoms:

Have you recently completed detox or treatment?
☐ Yes ☐ No

If yes:

Facility/Program:

Dates:

Type of Program:
☐ Detox
☐ Residential
☐ Outpatient
☐ Intensive Outpatient (IOP)
☐ Partial Hospitalization (PHP)
☐ Other:

Have you previously participated in treatment or sober living?
☐ Yes ☐ No

If yes, please list facilities/programs and approximate dates:

Current Sobriety Date:

6. MENTAL & PHYSICAL HEALTH

Do you currently have any diagnosed mental health conditions?
☐ Yes ☐ No ☐ Prefer not to answer

If yes, please identify:

Are you currently taking prescription or psychiatric medications?
☐ Yes ☐ No

If yes, please list medication(s), dosage if known, and prescribing provider:

Do you have any current physical health conditions, disabilities, or limitations that may affect your ability to live independently or participate in household responsibilities?

☐ Yes ☐ No

If yes, please explain:

Are you currently under the care of a physician, therapist, psychiatrist, or other healthcare provider?

☐ Yes ☐ No

If yes:

Provider Name:

Provider Type:

Phone:

Have you ever been hospitalized for psychiatric or behavioral health reasons?

☐ Yes ☐ No

If yes, please provide dates and general reason:

6. MENTAL & PHYSICAL HEALTH — CONTINUED

Have you ever tried to commit suicide?

☐ Yes ☐ No

If yes, how long ago? Please explain:

Have you ever had any prior or current history of arsonist?

☐ Yes ☐ No

If yes, please explain:

Important: NLLR is a sober/transitional living residence and is not a medical or psychiatric treatment facility. Residents are responsible for maintaining appropriate medical and behavioral health care with qualified providers.

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7. MEDICATION & HEALTH SAFETY

Do you currently require medication management or assistance remembering medications?

☐ Yes ☐ No

Do you have any medical condition requiring emergency procedures or special assistance?

☐ Yes ☐ No

If yes, explain:

Do you have any allergies that staff should be aware of?

☐ Yes ☐ No

If yes:

List Food/ Beverages:

Do you have any dietary restrictions?

☐ Yes ☐ No

If yes:

Do you have any mobility, accessibility, or other accommodation needs?

☐ Yes ☐ No

If yes, please explain:

8. LEGAL & COURT INFORMATION

Do you currently have any pending legal matters?

☐ Yes ☐ No

If yes, please explain:

Are you currently on probation or parole?

☐ Yes ☐ No

If yes:

Probation/Parole Officer:

Agency:

Phone:

Email:

Are there any court-ordered requirements or restrictions that may affect your residence at NLLR?

☐ Yes ☐ No

If yes, explain:

Are there any restraining orders or protective orders that staff should be aware of for safety purposes?

☐ Yes ☐ No

If yes, explain:

8. LEGAL & COURT INFORMATION — CONTINUED

Have you every been convicted or registered as a sex offender?

☐ Yes ☐ No

If yes, please explain:

All applicants is subject to a register search.

Do you have any history involving violent or sexual offenses that may affect placement or community safety?

☐ Yes ☐ No

If yes, please provide relevant information:

9. TREATMENT & RECOVERY SUPPORT

Are you currently participating in a treatment or recovery program?

☐ Yes ☐ No

If yes:

Program/Facility:

Program Type:

Contact Person:

Phone:

How often do you attend recovery meetings?

☐ Daily
☐ Several times per week
☐ Weekly
☐ Occasionally
☐ Not currently attending

Types of meetings attended:

☐ AA
☐ NA
☐ CA
☐ SMART Recovery
☐ Faith-based
☐ Other:

Do you currently have a sponsor, mentor, counselor, or recovery support person?

☐ Yes ☐ No

If yes:

Name:

Phone/Contact:

What currently supports your recovery?

10. EMPLOYMENT & EDUCATION

Are you currently employed?

☐ Yes ☐ No

If yes:

Employer:

Job Title:

Work Schedule:

Approximate Weekly Hours:

Do you have reliable transportation to and from work?

☐ Yes ☐ No

Are you interested in employment assistance or vocational training?

☐ Yes ☐ No

Highest Level of Education Completed:

☐ GED
☐ High School Diploma
☐ Some College
☐ Associate Degree
☐ Bachelor's Degree
☐ Graduate Degree
☐ Vocational/Trade Training
☐ Other:

Are you currently enrolled in school or a training program?

☐ Yes ☐ No

If yes:

11. FINANCIAL INFORMATION

Primary Source(s) of Income:

- ☐ Employment
- ☐ Disability
- ☐ Social Security
- ☐ Retirement
- ☐ Family Support
- ☐ Other:

Approximate Monthly Income: $

Will you be able to pay the required program fees?

- ☐ Yes
- ☐ No
- ☐ Seeking financial assistance

Will you be able to pay the required deposit and/or move-in costs?

☐ Yes ☐ No

If assistance is needed, please explain:

Expenses: Cell Phone, Car, Loans, Other

What is the total of your monthly expenses? $

12. LIVING SKILLS & HOUSEHOLD EXPECTATIONS

Are you comfortable living in a shared household?

☐ Yes ☐ No

Have you previously lived in a group or shared-living environment?

☐ Yes ☐ No

If yes, briefly describe your experience:

Are you willing to follow all NLLR house rules and policies?

☐ Yes ☐ No

Are you willing to participate in assigned household chores?

☐ Yes ☐ No

Are you willing to maintain your personal living space and shared areas?

☐ Yes ☐ No

Are you willing to participate in house meetings and/or required recovery activities?

☐ Yes ☐ No

Have you experienced significant conflicts with roommates, staff, family members, or others in the past?

☐ Yes ☐ No

If yes, please explain:

Have you ever been involved in aggressive, threatening, or disruptive behavior in a residential setting?

☐ Yes ☐ No

If yes, explain:

13. RECOVERY GOALS & MOTIVATION

What are your primary reasons for choosing sober/transitional living?

Short-Term Goals

What would you like to accomplish during your first 30–90 days?

Long-Term Goals

What are your goals for your recovery and future independence?

What do you hope to gain from your time at Next Level Living Residence?

What do you believe could make your transition to sober living difficult?

What type of support would be most helpful to you?

14. PERSONAL RESPONSIBILITY & HOUSE READINESS

Please check each statement you agree with:

☐ I understand that NLLR is a sober living/transitional living environment.

☐ I understand that I am expected to remain free from alcohol and illicit drugs while residing at NLLR.

☐ I understand that possession or use of prohibited substances may result in disciplinary action and/or termination of residency according to NLLR policies.

☐ I understand that I must follow all house rules, safety policies, and community-living expectations.

☐ I understand that I am responsible for my personal belongings.

☐ I understand that respectful communication and behavior toward residents, staff, neighbors, and the community are required.

☐ I understand that providing false or misleading information during the intake process may affect my eligibility for residency.

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15. ADDITIONAL INFORMATION

How did you hear about Next Level Living Residence?

☐ Treatment Provider
☐ Case Manager
☐ Probation/Parole
☐ Friend/Family
☐ Recovery Meeting
☐ Internet/Search Engine
☐ Social Media
☐ Referral Agency
☐ Other: _____

Do you have any special needs, accommodations, or circumstances we should consider?

Is there anything else you believe would be important for us to know before determining eligibility?

16. APPLICANT ACKNOWLEDGMENT

I certify that the information I have provided during the intake process is true and complete to the best of my knowledge. I understand that providing false, incomplete, or misleading information may affect my eligibility for residency or continued placement.

I understand that completion of this intake form does **not** guarantee acceptance or admission to Next Level Living Residence.

I understand that final admission is subject to NLLR's eligibility requirements, available space, house compatibility, safety considerations, and applicable policies.

Applicant Name:

Applicant Signature:

Date: