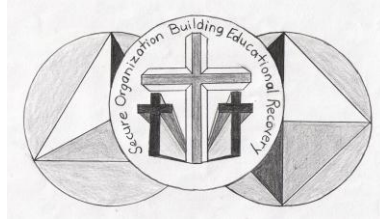


Secure Organization Building Educational Recovery
1648 Pipers Gap Road · P.O. Box 1525
Galax, VA 24333
(276) 236-0460

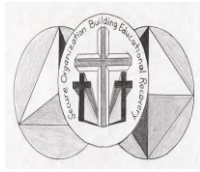


ELIGIBILITY CRITERIA

All applicants must be pre screened and in the judgment of the management will benefit from the program and be willing to abide by the rules and regulations governing the program.

1. Applicant must be alcohol and drug free.
2. Applicant must have a strong desire and be motivated to remain alcohol and drug free.
3. Applicant must be willing to maintain a recovery plan.
4. Applicant must be free of psychological and medical problems that would preclude their function in this program and group environment in which self-care is necessary.
5. Applicant cannot be on parole or probation that would interfere with this program and must not have legal obligations(child support, alimony, fines or probation fees) that would interfere with staying current with room and board fee.
6. Applicant must disclose pending court dates that would interfere with this program and will need to provide their own transportation for any legal problems.
7. Applicant needs admission fee (\$100.00), first weeks rent (\$100.00) and last week rent (\$100.00), totaling \$300.00 at the time of admission.
8. Applicant must bring a 30 day supply of any prescribed medication in an authorized container and have at least one refill available.
9. Applicant must have recent (within last three months) TB Test and provide facility with results.
10. Applicant needs identification, a picture ID, Social Security card, and Birth Certificate.
11. Applicant must be able to work full time and be willing seek any work available.

Applicants applying for readmission to program must have left in good standing or show corrective action taken to reconcile any previous problem and meet with Director for consideration for readmission.



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Application for Residency

Name: _____ Date: _____

Date of Birth: _____ Social Security #: _____

Address at Present: _____

Phone #: _____

Sobriety Date: _____

Marital Status: M ___ S ___ D ___ Sep ___ # of Children: _____

Wife's Name: _____

Children's Names and Age: _____

Where do they live: _____

Do You Pay Child Support: Yes ___ NO ___ If yes amount: _____

Do You Pay Alimony: Yes ___ No ___ If yes amount: _____

Are You Currently Employed: Yes ___ No ___ If yes provide following information:

Employer: _____ Phone #: _____

Length of Employment: _____ Salary: _____

Are you disabled: Yes ___ No ___ If yes can you do service work: Yes ___ No ___

Are you on Probation: Yes ___ No ___ If yes provide the following:

Probation officers name: _____ Reason you are on probation

Past legal history

Have you ever been convicted of Assault?

Emergency contact Person's Name: _____

Relationship: _____ Phone # _____

Are there any special circumstances we should consider when reviewing your application: Yes ____ No____ If yes explain:

I, the undersigned, understand giving any false information in this application may result in denial of admission into the S.O.B.E.R. Home.

Applicant's Signature: _____ Date: _____

APPROVED _____ DATE _____
DISAPPROVED _____ DATE _____
BY WHOM _____
NOTE _____

NAME: _____

Admission Policies, Rules, Regulations, and Procedures

I, _____, the undersigned, have received a copy of the Admission Policy, Rules, Regulations, and Procedures of the S.O.B.E.R. Home. I fully understand the Admission Policy, Rules, Regulations, and Procedures of the Home, being accepted as a resident of the Home, I hereby do agree to abide by them. I understand noncompliance may result in immediate termination of residency. S.O.B.E.R. will be under no obligation to find housing for me upon termination of residency.

Applicant's signature: _____ Date: _____

Witness signature: _____ Date: _____

Admission Policies, Rules, Regulations, and Procedures are subject to change without notice.

Visitation Policy

I, _____, the undersigned, have received a copy of the S.O.B.E.R. Home's Visitation Policy. I fully understand this policy, and being accepted as a resident of the Home, I hereby do agree to abide by the policy. I understand noncompliance to this policy may result in immediate termination of residency. S.O.B.E.R. will be under no obligation to find housing for me upon termination of residency.

Applicant's signature: _____ Date: _____

Witness signature: _____ Date: _____

I, the undersigned, understand and agree S.O.B.E.R. and/or property owners will not be responsible in any way for personal injury and/or death to me at anytime. S.O.B.E.R. and/or property owners will not be responsible for damage and/or loss of personal property. I understand by signing this agreement I will forfeit any rights I may have in a lawsuit, Criminal or Civil, against Secure Organization Building Educational Recovery, Inc. and/or property owners.

Resident Signature _____ Date: _____

Management's Signature _____ Date: _____

Witness Signature _____ Date: _____

Witness Signature _____ Date: _____

PERSONAL INFORMATION

NAME: _____
FIRST MI LAST

DATE OF BIRTH: _____ - _____ - _____ SSN: _____ - _____ - _____
MONTH DAY YEAR

KNOWN MEDICAL CONDITIONS:

ALLERGIES:

PRESCRIBED MEDICATION

MEDICATION	DOSE	ILLNESS	TIME TAKEN

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____
STREET

CITY

STATE

ZIP CODE

PHONE: _____
HOME CELL

WORK

SIGNATURE: _____ DATE

Secure Organization Building Educational Recovery, Inc.
PRN Medication Sheet

Client Name: _____

Client Number: _____

Allergies: _____

PRN Medication

Tylenol __
Aspirin __
Enteric Aspirin __
Ibuprofen __
Vick's Rub __
Desenex __
Tinactin __
Triple Antibiotic Ointment __
Corn Pads __
Robitussin __
Throat Lozenges __
Chloraseptic Lozenges
 or Spray __
Sinus Tablet/Nasal
Decongestant/Antihistame __
Benadryl __
Milk of Magnesium __
Antacid Tablets or Liquids __
Maalox __
Keopectate __
Correctol __
Pepto bismal __
Metamucil __
Cruex __
Blistex __

Cruex __
Blistex __
Rubbing Alcohol __
Hydrogen Peroxide __
Preparation H __
Emertrol __
Visine __
Anbesol __
Other _____

RX Medication

Client's Signature: _____ Date: _____