

## Phoenix Oasis Resident Application

**You are required to write a brief bio letter at the end of this application. Please write clearly, Thank You**

Name: \_\_\_\_\_ Case/DOC#/: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_ **Circle One:** Single Married Divorced Separated

Identification: **(Circle)** Driver's License AZ ID Card DD-214 SS Card Birth Certificate Tribal Other: \_\_\_\_\_

Gender: **(Circle)** Male Female Ethnicity \_\_\_\_\_ Are you pregnant **YES NO** Veteran **YES NO**

Current Contact Phone \_\_\_\_\_ How did you hear about our program? \_\_\_\_\_

Are you receiving benefits? **YES NO** Circle All that apply SSD SSI Unemployment Workman's Comp Food Stamps Bus Pass Other

Are you capable of paying \$125 weekly Program Fees? **YES NO - If NO** state name and phone number of responsible party who will pay fees?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prior Living Situation **(Circle One)** Streets Shelter Detox Jail/Prison Rental Housing Transitional Living Hospital Treatment

Where did you grow up? \_\_\_\_\_ Do you have financial support for fees? **YES NO**

In case of emergency notify: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Drug of Choice: \_\_\_\_\_ Date Last Used \_\_\_\_\_

List names and dates of all treatment programs, outpatient programs, shelters, domestic violence shelters, and halfway houses attended. (Be specific) \_\_\_\_\_

Are you willing to detox if needed? **YES NO** Have you ever attended addiction support groups? **YES NO** How long? \_\_\_\_\_

Are you willing to attend one SMART Recovery meeting a week? **YES NO** Have you ever taken SMART Recovery before **YES NO** If so did you complete the SMART Recovery course. **YES NO**

### SUBSTANCE ABUSE HISTORY

Substance Used	Frequency of Use	Age First Used	Date Last Used	Route (oral, smoke, inhaled, injected, other)	Other Drugs Used

### EMPLOYMENT HISTORY (List Most Recent Employer First)

Employer Name	Phone	Start Date	Date Ended	Position	Supervisor Name	Hourly Pay Rate

Are you willing (**YES NO**) and capable (**YES NO**) of working 40 hours a week of gainful employment? If no, why? \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Education Completed **(Circle all that apply)** High School GED Vocational School Junior College University Other \_\_\_\_\_  
Do you plan to continue your education? \_\_\_\_\_

Are you under physician's care? **YES NO** If yes, why? \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Agency: \_\_\_\_\_

List all past and current physical medical issues: \_\_\_\_\_

List all past and current psychiatric encounters: \_\_\_\_\_

Are you under the care of a behavior health facility: **YES NO** Agency Name \_\_\_\_\_ How long? \_\_\_\_\_

List ALL Medications Prescribed: \_\_\_\_\_

Have you ever attempted suicide? **YES NO** If yes, explain: Date: \_\_\_\_\_ Where: \_\_\_\_\_

Circumstances: \_\_\_\_\_ Are you suicidal now? **YES NO**

Do you have current charges? **YES NO** If yes, what? \_\_\_\_\_ If yes, next court date: \_\_\_\_\_

Are you on supervision? **(Circle One)** IPS Direct Regular Parole Fed Probation No Supervision Agency: \_\_\_\_\_

If incarcerated, what is your release date: \_\_\_\_\_ Are you a violator? **YES NO** explain \_\_\_\_\_

PO Name \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Have you ever been arrested for any sex crimes? **YES NO** If yes, explain \_\_\_\_\_

List all arrests, convictions, sentences, prior prison or jail commitments, and probation history. (list places and dates – use blank paper if needed) \_\_\_\_\_

**Application forms require this information to process. Who can we call to verify this application? **(Circle One)** Parole/Probation Public Defender Attorney Case Manager COIII Pretrial Family Member Case Manager Other**

Name \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

All information on this application is true to the best of my ability:

Client Name (Print) \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Comments: \_\_\_\_\_

**Address: Phoenix Oasis Recovery Homes 2218 East Polk Street, Phoenix, AZ 85006**

**Resident Bio-Letter**  
Please fill out completely – Required for acceptance

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please tell us about yourself: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you desire to live at Phoenix Oasis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What abilities do you think you possess that will help you be successful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your reasons for applying? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What actions do you think you will need to take in order to accomplish the goal of independent living? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where do you see yourself in one year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Phoenix Oasis Responsibility Statement

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I, (please print) \_\_\_\_\_, voluntarily enter into the Phoenix Oasis Recovery Homes, a sober living home; understanding it is an alcohol and drug free facility. Please initial each line item that you understand your responsibilities while housed at Phoenix Oasis.

1. \_\_\_\_\_ I will not use drugs or alcohol, or any mind-altering substances. I will submit to random drug tests when asked.
2. \_\_\_\_\_ I agree to abide by the rules and regulations of Phoenix Oasis as outlined in the Lodging Agreement and House Rules and Regulations.
3. \_\_\_\_\_ I will attend one SMART Recovery meeting every week while at Phoenix Oasis.
4. \_\_\_\_\_ I will pay weekly program fees on time with money orders or cash only.
5. \_\_\_\_\_ I will attend the mandatory scheduled in-house weekly meeting.
6. \_\_\_\_\_ I will maintain employment at all times while at Phoenix Oasis.
7. \_\_\_\_\_ I agree to voluntarily participate in assigned work activities at the house.
8. \_\_\_\_\_ I understand that when I vacate the premises, I must take all of my belongings at that time. Any personal belongs left at Phoenix Oasis thirty days after my departure shall be the property of Phoenix Oasis, and will be given to the residents in need or otherwise donated.
9. \_\_\_\_\_ I agree to room and property search if staff deems it necessary for the safety and security of the unit and facility.
10. \_\_\_\_\_ I agree to adhere to curfew regulation as discussed in Lodging Agreement.
11. \_\_\_\_\_ I will give at least one weeks' notice before vacating.
12. \_\_\_\_\_ I understand that Phoenix Oasis is not liable for loss or theft of personal property, including money.
13. \_\_\_\_\_ I understand that I will treat the Phoenix Oasis staff with courtesy and respect; in return I will be treated the same.
14. \_\_\_\_\_ I have NEVER been arrested or convicted of any sex crimes.
15. \_\_\_\_\_ The only visitors allowed on property are PO's and sponsors.
16. \_\_\_\_\_ No sexual activity in the house at any time.
17. \_\_\_\_\_ No pets allowed

I have read and understand the foregoing, and I have initialed all line items, and understand that my failure to comply with this agreement may result in discharge from the property.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_