Thank you for applying to Easy Does It, Inc. ("EDI") a non-profit charitable organization dedicated to improving the quality of life of individuals and families recovering from the effects of addiction, thus contributing to the betterment of our community and society as a whole. EDI is committed to providing residents with a living environment characterized by mutual respect, daily structure, and personal accountability to help you to begin or to continue your own journey of recovery.

EDI operates three housing programs. At our Hilltop facility, located at 1300 Hilltop Road, Leesport, PA 19533, we have both a transitional housing program and a permanent supportive housing program. We also operate a transitional housing program at our Walnut Street facility, located at 647 Walnut Street, Reading, PA 19601. The goal of all of our housing programs is to help individuals who are homeless due to substance use to recover from addiction and increase their quality of life.
Our Transitional Housing program is designed to help individuals who are homeless due to substance use disorders to remain drug and alcohol free, improve the quality of their lives, and ultimately move into stable housing. Residents in our transitional housing program may stay up to 24 months. Every resident receives supportive services, including recovery support services and educational groups. EDI currently has 60 transitional beds, 50 at our Hilltop location and 10 at our Walnut Street locations. In order to be accepted into our transitional housing program individuals must:

- Be homeless
- If you are in an institution, such as a rehab, you must have been homeless before entering and staying less than 90 days.
- Have a substance use disorder
- Be committed to recovery from addiction
- Have a need for supportive services
- If involved in the criminal justice system, offenses must be non-violent

Our Permanent Housing program is designed to help individuals with disabilities to live as independently as possible in a long-term setting. Residents in our permanent housing program may live at EDI for an unspecified length of time and receive supportive services to enable them to become as self-sufficient as possible. In order to be eligible for our Permanent Housing program individuals must:

- Have experienced chronic homelessness. Chronic homelessness is defined as being continually homeless for 12 months or having 4 or more episodes of homelessness in the last three years that add up to a total of 12 months.
- If you are in an institution, such as a rehab, you must have been homeless before entering and staying less than 90 days.
- Have a documentable disability
- Have substance use disorder
- Be committed to recovery from addiction
- Have a need for supportive services
- If involved in the criminal justice system, offenses must be non-violent

Please complete this application as completely and honestly as possible. Missing or inaccurate information may cause delays in determining your eligibility.
BASIC RULES AND REGULATIONS FOR EASY DOES IT

- Upon admission, you will be required to pass a drug screen including a breathalyzer test. If you fail to pass, we maintain the right to retract your admission to Easy Does It.
- The nonrefundable $50 move in fee is due immediately upon arrival to Easy Does It.
- The First 3 days you may only leave the facility to attend 12-step meetings with other residents and to work if you are already employed. You will not be permitted to use your cellphone for the first 3 days. After day 3 you will only be allowed out to look for work, attend meetings or outpatient for at least two weeks at the discretion of your case manager. There is a 6:00pm curfew for the first two weeks, only excused if individual is attending a 12 Step meeting or scheduled appointment.
- For residents assessed as needing drug and alcohol outpatient treatment, all treatment recommendations must be followed. This includes intensive outpatient and outpatient therapy.
- Monthly rental fees are based on 30% of the resident’s adjusted income. Food is provided, costing $80 per month in addition to the cost of rent.
- Residents who enter Easy Does It Housing Program have 30 days to gain income through employment or other legal sources, unless they are disabled an unable to work
- Residents are required to meet with their Case Manager for 1-1 sessions weekly.
- Residents are required to complete 4 hours of Community Service per month.
- Residents start a 90/90 upon intake date, after completion of 90/90 residents must attend no less than five (5) 12 step meetings per week.
- Residents are required to obtain a sponsor and join a home group within their first 30 days of residency.
- Residents are required to attend several mandatory meetings facilitated by EDI staff on campus, unless they are attending outpatient or working during these groups. Failure to attend mandatory functions is reason for review of residence.
- Curfew for residents who are working and meeting other Program requirements is 10:30pm Sunday thru Thursday and 12:00 Midnight Friday and Saturday.
- Each resident is assigned a chore which must be completed within the assigned timeframe

I ____________________________ acknowledge the above rules and expectations of Easy Does It

(Print Name)

Sign Here: ___________________________ Date: ________________
HOUSING APPLICATION

Date ________________

Please check the housing program that you are applying for

☐ Transitional Housing
☐ Permanent Housing

Personal Information

Legal Name________________________________________

Preferred Name____________________________________

Phone number where you can be reached__________________________

Social Security Number_______________________________________

Date of Birth_________ Age_______

Race: White____ Black or African American____ Hispanic or Latino____ Asian ____Native Hawaiian or Other Pacific Islander____ American Indian or Alaska Native____

Are you a US citizen?  ☐ Yes  ☐ No

Gender  ☐ Male  ☐ Female  ☐ Transgender Woman  ☐ Transgender Man  ☐ Other _____________________________

Are you a Veteran?  ☐ Yes  ☐ No

If yes, what branch?_____________________________ When?________________________

Type of Discharge____________________________

Are you a Berks County Resident?  ☐ Yes  ☐ No

What is your primary language?______________________________

What is your current marital status?  ☐ Single  ☐ Married  ☐ Separated  ☐ Divorced  ☐ Widowed

Have you ever lived at Easy Does It before?  ☐ Yes  ☐ No

If yes, What facility?_____________________________ When?____________________________

Do you have any friends or relatives who work for Easy Does It?  ☐ Yes  ☐ No

If yes, who?________________________________________

Housing and Homeless History

How long have you been in your current living situation?____________________________

Regardless of your current situation, how many times have you been homeless in the past three years?

☐ Never in 3 years  ☐ 1 time  ☐ 2 times  ☐ 3 times  ☐ 4 or more times

What is the total number or months that you have been homeless in the last 3 years?
Are you currently on a list for subsidized housing (e.g. Section 8)?  □ Yes  □ No
If yes, where?  

Where was your last permanent address? (i.e. place you rented, owned, or received mail)
Address:  
Start Date:___________  End Date:___________

Landlord Name:_________________________________________  Phone Number:____________________
Amount of Rent:______________  Reason for Leaving:_______________________________________

---

**Physical/Mental Health**

Do you have any of the following disabling conditions that impact your ability to work or to live independently?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Start Date: <em><strong>/</strong></em>/_____</th>
<th>Start Date: <em><strong>/</strong></em>/_____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Abuse</td>
<td>□ YES □ NO</td>
<td>Drug Abuse</td>
</tr>
<tr>
<td>Alcohol and Drug Abuse</td>
<td>□ YES □ NO</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>Chronic Health Condition</td>
<td>□ YES □ NO</td>
<td>Mental Health Problems</td>
</tr>
<tr>
<td>Developmental Disability</td>
<td>□ YES □ NO</td>
<td>Physical Disability</td>
</tr>
</tbody>
</table>

Do you have health insurance?  □ Yes □ No
If yes, what type?  

Do you have a primary care physician?  □ Yes □ No
If yes, who?  

When was the last time you had medical care?  
For what reason?  

Describe your current health compared to others your age

□ Excellent  □ Very Good  □ Good  □ Fair  □ Poor

Are you pregnant?  □ Yes □ No □ N/A
Have you been tested for TB?  □ Yes □ No
If yes, when?  
If yes, what was the result?  

Have you ever experienced domestic violence?  □ Yes □ No
Have you ever experienced emotional, physical, or sexual abuse?  □ Yes □ No
Have you ever received counseling or mental health services?  □ Yes □ No
Do you have a mental health diagnosis?  □ Yes □ No
If yes, what is your diagnosis?

Have you ever been in inpatient mental health treatment? □ Yes □ No
If yes, when? ________ For what purpose? ________________

Have you ever self-harmed, such as cutting or burning? □ Yes □ No
Have you ever attempted suicide? □ Yes □ No
Have you ever binged, purged, or restricted your eating? □ Yes □ No

Please list any current medical conditions:

__________________________________________________________
__________________________________________________________
__________________________________________________________

Please list any medications you are currently taking:

Name of Medication(s): ________________________________
Reason: _____________________________________________

__________________________________________________________
__________________________________________________________
__________________________________________________________

Are you allergic to any foods or medicines? □ Yes □ No
If yes, please list _____________________________________________

__________________________________________________________
__________________________________________________________

**Employment/Financial**

Do you have your birth certificate? □ Yes □ No
Do you have a driver’s license? □ Yes □ No
Do you have a Social Security Card: □ Yes □ No
Do you own a car? □ Yes □ No
Do you have state ID? □ Yes □ No
Do you have car insurance? □ Yes □ No
Are you able to work? □ Yes □ No
Are you currently employed? □ Yes □ No
Are you seeking employment? □ Yes □ No

Do you have a checking account? □ Yes □ No
Do you have a savings account? □ Yes □ No

If yes, please explain _____________________________________________

__________________________________________________________
__________________________________________________________
__________________________________________________________
Have you ever had financial or budget counseling? Yes ☐  No ☐

Do you buy lottery or scratch off tickets? Yes ☐  No ☐

Have you been to a casino in the past 6 months? Yes ☐  No ☐

Do you bet on sporting events? Yes ☐  No ☐

What is the last job you had (or your current job)?

Employer’s Name: ________________________________

Employer’s Address: ____________________________________________

Title: ________________________________

Start: __________  End: __________  Salary: ________________________________

Reason for Leaving: ____________________________________________

Do you currently have any source of income? Yes ☐  No ☐

If yes, please list the type(s) and amount(s) below:

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Yes (If Yes, Start Date)</th>
<th>No</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimony or Other Spousal Support</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Child Support</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Earned Income</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>General Assistance</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Pension or Retirement Income from Another Job</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Private disability insurance</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Retirement Income from Social Security</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Social Security Disability Insurance (SSDI)</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>VA Non-Service Connected Disability Pension</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>VA Service Connected Disability Compensation</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td><strong>/</strong>/____</td>
<td></td>
<td>$</td>
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</tbody>
</table>

Total monthly income from all sources: ________________ $

Are you currently receiving any type of noncash benefits, such as food stamps? Yes ☐  No ☐

If yes, please complete the type(s) and amount(s) below:

<table>
<thead>
<tr>
<th>Type of Non-Cash Benefit</th>
<th>Yes (If Yes, Start Date)</th>
<th>No</th>
<th>Amount (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Supplemental Nutrition Assistance Program (SNAP)</td>
<td><strong>/</strong>/____</td>
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<td>$</td>
</tr>
<tr>
<td>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
<td><strong>/</strong>/____</td>
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<td>$</td>
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<tr>
<td>TANF Child Care services (or use local name)</td>
<td><strong>/</strong>/____</td>
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<td>$</td>
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</tbody>
</table>
**Education**

Are you currently in school or working on a degree?  □ Yes  □ No

What is the highest level of education that you have completed?

- □ 5th or 6th Grade  □ 7th or 8th Grade  □ 9th Grade  □ 10th Grade  □ 11th Grade  □ 12th Grade (no diploma)
- □ High School Diploma  □ GED  □ Some College  □ Technical School  □ Associate Degree  □ Bachelor’s Degree
- □ Master’s Degree  □ Doctoral Degree

Have you ever received vocational training or apprenticeship certificates?  □ Yes  □ No

**Drug and Alcohol History**

How old were you when you first used drugs/alcohol?  

Have you ever been in detox?  □ Yes  □ No  How many times?

Have you ever been in residential treatment for alcohol/drugs?  □ Yes  □ No  How many times?

Have you ever been on MAT (Methadone, Suboxone, etc.)?  □ Yes  □ No  When?

Do you consider yourself an alcoholic/addict?  □ Yes  □ No

What is your drug of choice?

Have you ever been/are you in recovery?  □ Yes  □ No

What is the longest period of time that you have been drug and alcohol free?

When?

Do you have a support system of people who do not drink/use drugs?  □ Yes  □ No

If yes, please describe

Describe your feelings about your drinking/drugs use

Please tell us about the treatment you have received, starting with the most recent

<table>
<thead>
<tr>
<th>Treatment Center</th>
<th>Month/Year</th>
<th>Length of Stay</th>
<th>Completed?</th>
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</tbody>
</table>
What type(s) of drugs have you used? (Please complete all that apply)

- Alcohol
  - Frequency
  - Amount used
  - Method
  - Start date
  - Date last used

- Marijuana/Cannabis
  - Frequency
  - Amount used
  - Method
  - Start date
  - Date last used

- Heroin
  - Frequency
  - Amount used
  - Method
  - Start date
  - Date last used

- Other Opioids (Vicodin, Oxycontin, etc.)
  - Type
  - Frequency
  - Amount used
  - Method
  - Start date
  - Date last used

- Cocaine
  - Frequency
  - Amount used
  - Method
  - Start date
  - Date last used

- Methamphetamine
  - Frequency
  - Amount used
  - Method
  - Start date
  - Date last used

- Other Stimulants (Adderall, Ritalin, MDMA, etc.)
  - Type
  - Frequency
  - Amount used
  - Method
  - Start date
  - Date last used

- Sedatives (Xanax, Valium, Klonopin, etc.)
  - Frequency
  - Amount used
  - Method
  - Start date
  - Date last used

- Hallucinogens (LSD, Mushrooms, DMT, PCP, Ketamine, etc.)
  - Type
  - Frequency
  - Amount used
  - Method
  - Start date
  - Date last used

- Inhalants (paint, glue, solvents, etc.)
  - Type
  - Frequency
  - Amount used
  - Method
  - Start date
  - Date last used
Start date ____________ Date last used ____________

☐ Other Drugs (K2/Spice, Kratom, Bath Salts, Research Chemical etc.) Type ________________

Frequency ____________ Amount used ____________ Method ________________

Start date ____________ Date last used ____________

Do you smoke cigarettes? ☐ Yes ☐ No    Vape? ☐ Yes ☐ No    Chew Tobacco? ☐ Yes ☐ No

If yes, Amount ________________

Legal History

Have you ever been arrested? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, on what charge(s)? ____________________________

_________________________________________________

Are you currently on Probation or Parole? ☐ Yes ☐ No

If yes, where? ____________________________

Are you involved in any way with the court system at present? ☐ Yes ☐ No

If yes, explain: ____________________________

_________________________________________________

In the past? ☐ Yes ☐ No   If yes, explain: ____________________________

_________________________________________________

Do you have any pending charges? ☐ Yes ☐ No

If yes, please explain______________________________

_________________________________________________

Are you on file for child abuse or have you ever been convicted of a child abuse crime? ☐ Yes ☐ No

If yes, explain: ____________________________

Have you ever been accused or investigated of any child neglect and/or abuse? ☐ Yes ☐ No

If yes, explain: ____________________________

Have you ever been convicted for a sexually based crime? ☐ Yes ☐ No

If yes, explain: ____________________________

Have you ever been accused of domestic violence? ☐ Yes ☐ No

If yes, explain: ____________________________

Have you ever been served with a Protection From Abuse Order (PFA)? ☐ Yes ☐ No

If yes, explain: ____________________________
Have you ever requested a PFA?  ☐ Yes  ☐ No
If yes, explain: ____________________________________________________________

Have you received any counseling for domestic violence or anger management?  ☐ Yes  ☐ No
If yes, explain: ____________________________________________________________

What has been your past reaction to authority figures?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

K. FAMILY HISTORY:
Do you have any children under the age of 18?  ☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Age</th>
<th>Who has custody/where are they living now?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Number and ages of brothers: _____________________________________________
Number and ages of sisters: ____________________________________________
Were you raised by your parent(s) or someone else? ________________________
Describe your home life growing up: ______________________________________
________________________________________________________________________
________________________________________________________________________
Describe your past and current relationship with your mother: ______________
________________________________________________________________________
Describe your past and current relationship with your father: ________________
________________________________________________________________________
Is there a history of addiction in your family? ____________________________
L. PERSONAL ASSESSMENT:
Please identify your strengths and limitations in achieving your goals toward self-sufficiency:

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
</tr>
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<tbody>
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</tbody>
</table>

Describe your spiritual and/or religious experience:
Past: ____________________________________________________________
Current: _______________________________________________________

1. What are the circumstances leading up to your application to Easy Does It?

2. What are your current circumstances regarding (a) food, (b) clothing, (c) employment, (d) transportation, and (e) other elements relevant to your ability to achieve independence?

3. Would you be willing to use the social welfare system within this area to better your circumstances?
   □ Yes  □ No. What do you expect from them?

4. If admitted to residency, what do you expect from the Easy Does It?
5. Would you be willing to meet with staff individually once a week to review the status of your goals?

6. How do you feel about following directions in a situation of need?

7. In what areas will you need help if you are accepted into the Easy Does It Housing Program?

8. What do you expect to accomplish while in residency at the Easy Does It? Be specific!

I, ________________________________, verify that the information on my application is accurate and truthful. In addition, I understand that at any time during the application and interviewing process or after acceptance into the Easy Does It Housing Program, if it is determined/discovered that I have lied on my application, I may become ineligible to apply or participate in the Housing Programs of Easy Does It, Inc.

Signature_________________________________________ Date_________________________________________

Drop-off, FAX or Mail Application to:

Easy Does It
1300 Hilltop Road
Leesport, PA 19533

Fax 610-373-2459