



Easy Does It, Inc. Transitional Housing Application

Welcome

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. As part of our Housing Program (the “Program”) the EDI staff 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.

Learning to live a recovering lifestyle without the use of mood altering chemicals is not an easy task. Ultimately it is *your* responsibility. Our role at EDI is to help you to get there. We do that by providing a safe and supportive housing environment, comprehensive case management, supportive programs and services and peer- to -peer empowerment.

All to help you learn how to make and sustain positive, meaningful changes in your life.

We ask that you completely fill out the application; failure to fully complete the application may result in delaying your interview.

We hope your journey towards recovery is both challenging and rewarding. One of the main obstacles to change is fear - fear of the unknown and of what life will be like without mood altering chemicals.

Easy Does It Staff

BASIC RULES AND REGULATIONS FOR EASY DOES IT

- Average length of stay is contingent upon successfully completing all goals listed in your individual service plan, which typically takes an average of 8 months.
- 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.
- 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 net income and/or family contributions. 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.
- 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

Please complete the following questions to the best of your ability.

Date _____

A. DEMOGRAPHIC INFORMATION

Name _____ Telephone _____

Current Address _____

Birth Date _____ Age _____ S.S.# _____

Gender: Male Female Transgender Are you a US citizen? Yes No

Birth Name(s): _____

Marital Status: _____

Current Relationship: _____

Referred by: _____

Do you have any disabilities that would require reasonable accommodations? Yes No

If so, please specify what accommodations will be needed: _____

Do you have any children? Yes No

Child's Name	Age	Birth Date	Social Security Number	Who has custody/where are they living now?

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

B. HOUSING INFORMATION

Is this the first time you have experienced housing crisis/homeless? Yes No

What are your reasons for your housing crisis/homelessness? _____

When did you first leave the home of your parents or guardian? _____

Have you ever lived at Easy Does It before? Yes No If yes, what facility?

If so, explain: _____

Have or do any of your relatives, friends or acquaintances live or work at the EDI? Yes No

If so, explain: _____

Are you a resident of Berks County? Yes No If yes, for how long?

If no, why are you interested in living in Berks County? _____

What personal household items do you have? _____

Do you have any outstanding debts to local housing authorities? Yes No

If yes, to whom? _____

How much? _____

When was debt incurred? _____ How was debt incurred? _____

Are you currently on the list for subsidized housing? Yes No If yes, where? _____

Do you have any comments regarding any problems that you have had in keeping housing for yourself? _____

Begin with the address at which you lived 7 years ago. Please list all places you have lived and the place where you are staying now. Include all shelters, homes of relatives, rented dwellings, living in cars, on the street, or any other living arrangement. Please include name and address of landlords.

Address: _____	How Long?_
Landlord Name: _____	Phone Number: _____
Amount of Rent: _____	Why You Left: _____

Address: _____	How Long?_
Landlord Name: _____	Phone Number: _____
Amount of Rent: _____	Why You Left: _____

Address: _____ How Long? _
 Landlord Name: _____ Phone Number: _____
 Amount of Rent: _____ Why You Left: _____

Address: _____ How Long? _
 Landlord Name: _____ Phone Number: _____
 Amount of Rent: _____ Why You Left: _____

Address: _____ How Long? _
 Landlord Name: _____ Phone Number: _____
 Amount of Rent: _____ Why You Left: _____

C. FINANCIAL INFORMATION

Please list your income:

<u>Source</u>	<u>Amount</u>
Wages	_____
Public Assistance (Welfare)	_____
Supplemental Security Income (SSI)	_____
Social Security Disability Income (SSDI)	_____
Food Stamps	_____
Other (please specify)	_____

Do you have current checking account? Yes No Savings Account? Yes No

Do you have any outstanding debts for any of the following: Utilities School Loans Fines & costs Other

If yes, explain: _____

Have you had financial or budget counseling in the past? Yes No

If yes, where? _____

Do you buy lottery or scratch-off tickets? Yes No Play bingo? Yes No

Have you been to a casino in the past 6 months? Yes No Do you bet on sports events? Yes No

D. EDUCATION AND TRAINING

Please list all schools starting with the 7th grade. Include Vo-Tech, college, business school, technical school and any other school that you may have attended.

Name and Address of School	Years Attended	Program of Study
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a high school diploma? Yes No GED

Please list ALL special training courses that you have had including on-the-job training.

Type of Training	Where	When
_____	_____	_____
_____	_____	_____

What do you feel was the biggest problem that you had while you were attending school? _____

What are your personal and career goals? _____

E. MILITARY HISTORY

Have you ever been in the military? Yes No

If yes, which branch? _____ When? _____

Type of Discharge: _____

F. EMPLOYMENT HISTORY

Please list ALL employers beginning with the most recent job you've held:

Employer's Name: _____
Employer's Address: _____
Title: _____
Start: _____ End: _____ Salary Per Hour: _____
Reason For Leaving: _____

Employer's Name: _____
Employer's Address: _____
Title: _____
Start: _____ End: _____ Salary Per Hour: _____
Reason For Leaving: _____

Employer's Name: _____
Employer's Address: _____
Title: _____
Start: _____ End: _____ Salary Per Hour: _____
Reason For Leaving: _____

Employer's Name: _____
Employer's Address: _____
Title: _____
Start: _____ End: _____ Salary Per Hour: _____
Reason For Leaving: _____

Which job did you like the best and why? _____

G. LEGAL HISTORY

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, name & phone number of Probation/Parole Officer

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: _____

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 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? _____

H. PHYSICAL HEALTH HISTORY

Height _____ Weight _____

Client's description of present state of health: Good Fair Poor

List any outstanding medical or health problems: _____

Allergies to Food or Medications? Yes No

If yes, please list: _____

Are there any medical problems that would limit your ability to work? Yes No

If yes, explain: _____

Are you pregnant? Yes No If so, due date? _____

Are you presently taking any medication? Yes No

Name of Medication(s):	Reason:
_____	_____
_____	_____
_____	_____
_____	_____

Do you have health insurance? Yes No If yes, Insurance provider: _____

When was last time you had medical care? _____

For what reason? _____

Have you had a TB test? Yes No Have you been tested for HIV Yes No

If yes, when? _____ Results _____

List all hospitalizations:

Name of Hospital	Reason	Date
_____	_____	_____
_____	_____	_____

I. BEHAVIORAL & EMOTIONAL HEALTH

Have you ever been a victim of domestic violence? Yes No

Have you ever been a victim of emotional, physical or sexual abuse? Yes No

Have you ever had any psychiatric treatment or counseling? Yes No

Have you ever inflicted self-injury such as cutting, bingeing, purging, etc.? Yes No

If yes, to any of the above, please explain: _____

Have you attended outpatient counseling for mental health treatment? Yes No
 Have you ever been in inpatient treatment for mental health? Yes No How many times? _____
 If history of mental health treatment or counseling, what is your current diagnosis? _____

Who made this diagnosis and when was it made? _____
 Describe your feeling about your mental health treatment experiences: _____

Have you had any thoughts, gestures, incidents, or attempts at suicide or homicide? Yes No
 If yes, explain: _____

J. ALCOHOL AND DRUG USE:

Do you smoke cigarettes or chew tobacco? Yes No If yes, how much _____

Do you identify as an addict/alcoholic? Yes No

What is your drug of choice? _____

How old were you the first time drugs and/or alcohol were used? _____

Date of last use: _____ Chemical Substance: _____

Longest time chemically free: _____

Are you in recovery? Yes No

Describe your recovery process: _____

Describe your support system: _____

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? _____

Treatment Center	Month/Year	Length of Stay	Completed?

--	--	--	--

Describe your feelings about your drinking or drug use: _____

K. FAMILY HISTORY:

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:

Strengths

Limitations

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 staff?

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!

9. Who should we contact in case of emergency?

Name: _____
Address: _____
City: _____
State: _____ Zip _____
Phone _____
Relationship _____

Name: _____
Address: _____
City: _____
State: _____ Zip _____
Phone _____
Relationship _____

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.

Signature _____ Date _____

Drop-off, FAX or Mail Application to:

Easy Does It
1300 Hilltop Road
Leesport, PA 19533
Fax 610-373-2459