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

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Age</th>
<th>Birth Date</th>
<th>Social Security Number</th>
<th>Who has custody/where are they living now?</th>
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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.

<table>
<thead>
<tr>
<th>Address:</th>
<th>How Long?</th>
<th>Landlord Name:</th>
<th>Phone Number:</th>
<th>Amount of Rent:</th>
<th>Why You Left:</th>
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C. FINANCIAL INFORMATION

Please list your income:

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

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.

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<tr>
<th>Name and Address of School</th>
<th>Years Attended</th>
<th>Program of Study</th>
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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.

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<th>Type of Training</th>
<th>Where</th>
<th>When</th>
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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:

<table>
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<tr>
<th>Employer’s Name:</th>
<th>Employer’s Address:</th>
<th>Title:</th>
<th>Start:</th>
<th>End:</th>
<th>Salary Per Hour:</th>
<th>Reason For Leaving:</th>
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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): __________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

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:

<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>Reason</th>
<th>Date</th>
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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?__________

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<thead>
<tr>
<th>Treatment Center</th>
<th>Month/Year</th>
<th>Length of Stay</th>
<th>Completed?</th>
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</table>
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:

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<tr>
<th>Strengths</th>
<th>Limitations</th>
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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