



**Application for Reflections
Sober Living Home Membership
Redfield, South Dakota**

Date _____

Demographic Information

Name: _____ Phone number: _____

Address: _____
Street or P.O. Box #

City, State, Zip

Email address: _____ First 2 letters of your mother's first name _____

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____

Date of Birth: ____/____/____ Social Security #: ____/____/____ Gender Identity _____

Marital Status: Single ____ Married ____ Separated ____ Divorced ____ #of Dependents _____

Desired Entry Date: _____

How did you learn about Reflections?: _____

Are you willing to make a 3-month commitment to Reflections Sober Living Home Program? Yes No

Have you ever been in a recovery or halfway house, or similar facility? Yes No

Medical History

Are you currently being treated for any physical medical conditions? Yes No

If yes, please describe: _____

Doctor _____ Clinic _____

Phone Number: _____

Have you been prescribed any medications within the past 6 months: Yes No

List **ALL** medications you are currently taking, and last date taken

- 1. _____ Last taken: _____
- 2. _____ Last taken: _____
- 3. _____ Last taken: _____

****Failure to report medications at the time of application may result in dismissal from the program.**

Are you willing to abide by Reflections' Restricted Medication policy? Yes No

Are you currently seeing a psychologist, psychiatrist, or mental health professional? Yes No

If yes, please explain _____

Have you ever attempted suicide? Yes No If yes, date of incident _____

Do you consider any of the following behaviors or symptoms to be problematic?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Depression/sadness | <input type="checkbox"/> Loss of pleasure/interest | <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Irritability/Anger |
| <input type="checkbox"/> Impulsivity | <input type="checkbox"/> Racing Thoughts | <input type="checkbox"/> Paranoia | <input type="checkbox"/> Obsessive Thoughts |
| <input type="checkbox"/> Anxiety/Worry | <input type="checkbox"/> Compulsive Behaviors | <input type="checkbox"/> Delusions | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Sleep Problems | <input type="checkbox"/> Memory/Concentration | <input type="checkbox"/> Gambling | <input type="checkbox"/> Traumatic Events |
| <input type="checkbox"/> Thoughts of harming others | <input type="checkbox"/> Experienced Abuse | <input type="checkbox"/> Witnessed Abuse | |

Drug Use History

How long have you been using alcohol and/or drugs? _____

How do you identify yourself?

Alcoholic only: _____ Drug addict only: _____ Alcohol and drug addicted: _____

List ALL the drugs that you have used in the past 3 years: _____

What was the last drug used and when: _____. History of seizures: Yes No
(This information will be used to determine urinalysis in the future, so be 100% honest)

Sobriety Date (the date of first day 100% without drugs or alcohol): _____

Are you willing to abide by the zero-tolerance policy of Reflections? Yes No

Are you willing to submit to random drug tests and preliminary breath tests? Yes No

Treatment Information

Name of most recent facility: _____ Discharge Date _____

Have you entered other treatment facilities? If so, where? _____

Do you have plans for aftercare or programming while living at Reflections? Yes No

Explain _____

Legal History

Are you currently involved with the legal system in any way? Yes No

If yes, please explain: _____

Are you required to register for **any** purpose? Yes No If yes, why: _____

Are there any Restraining Orders against you or by you? Y/N

Who: _____ Relationship: _____

Are you currently under parole, probation, or suspended imposition of a sentence? Yes No

Do you have a history of violent crimes on your record? Yes No

Probation Officer: _____ Phone Number: _____

Attorney: _____ Phone Number: _____

Are you willing to sign a release of information for Reflections to communicate with these individuals?

Yes No

Employment Information

Are you currently employed?

___ Yes

Employer: _____ Phone Number: _____

Income Range: \$0-\$10,800 \$10,801-\$24,000 \$24,001-\$50,000 \$50,001-\$75,000 \$75,000+

___ No

If not currently employed, do you understand that full-time employment must be secured within two (2) weeks of arrival? Yes No

Are you willing to abide by Reflections' curfew including no overnight work: Yes No

Financial Information

Are you able to afford Reflections' monthly membership fee of \$450? Yes No

Do you have the \$225 minimum move-in fee? Yes No

How will you pay this move-in fee? _____

12 Step Information

Are you willing to attend required 12-Step meetings? (AA, NA, Celebrate Recovery) YES NO

Do you currently have a sponsor? Yes No

Name: _____ Phone Number _____

If not, are you willing to obtain a sponsor within 2 weeks of move in? Yes No

Are you willing to meet face-to-face with your sponsor once per week? Yes No

Are You Willing To...

Attend Weekly house meetings? Yes No

Communicate with Reflections' Director concerning work, medications, and overnights? Yes No

Abide by the overnight policy? Yes No

- No overnights for the first 30 days.
- 1 overnight per month days 31 – 90.
- 2 overnights per month after 90 days.

Respect your fellow house members, the neighbors and the Reflections' facility? Yes No

Abide by all county, city, state, and federal laws? Yes No

Other Information

Do you have a vehicle? Yes No

Driver's License Number: _____ License Plate Number: _____ State _____

Registration Number: _____ Insurance: _____

What would help to support your recovery? _____

What are potential barriers to your recovery (e.g., financial, transportation, relationships, etc.)? _____

Applicant Signature: _____ **Date:** _____

*Scan and email back to reflectionsrecoveryhome.sd@gmail.com
 Or mail to Reflections Recovery Home, P.O. Box #348, Redfield, SD 57469
 Physical location of Reflections-110 East 7th Avenue, Redfield, SD*

IIIIIIII CONFIDENTIAL IIIIIIII

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulation. A general authorization for the release of medical information is not sufficient for this purpose.



FOR OFFICE USE ONLY

Application reviewed by _____ Date _____

Interview scheduled for (date) _____

Approved YES NO Date _____

1/18/24