

Jim Riley Outreach

Sober Living/Mentoring Home Application

Men's Homes: The Pellow House

Joe Pellow, Director

Print form and fax to **(405) 470-3722**

Or mail to: Pellow House Office, Attn: Joe Pellow

5304 NW 110th

Oklahoma City, OK 73162

Joe's cell phone - 405-209-0227

Women's Home: The Parker House

Sandra Pickard, Director

Print and Fax to Jim Riley Outreach, Inc., Attn: Parker House

(405) 340-6610

Or mail to: Jim Riley Outreach Office, Attn: Sandra Pickard

2201 Cardinal Drive

Edmond, OK 73013

Applicants must provide and or agree to the following:

1. Photocopy of Driver's License or other form of photo ID
2. The Signed Rules Form
3. Random Drug and Alcohol Testing
4. Medical Authorization (Allowing the outreach to verify doctor's appointments, prescriptions, and diagnoses.)
5. Contact Information for Sponsor
6. Work with our Life Coach and or Mentor to create a vision for your life in recovery and establish goals to achieve that vision
7. Any directive from a representative of The Jim Riley Outreach that they believe to be necessary to help you succeed in your desire to live a satisfying life in recovery, free from addictive substances or behaviors.
8. 30-day notice required before departure

Applicant's Legal Name: _____

Mail Address: _____

Phone Numbers: _____ Fax Number: _____

E-mail: _____

Date of Birth: _____ Social Security Number: _____

Marital History: _____

Children: _____

Address: _____

Phone Numbers: _____ E-mail: _____

Education: _____

Current Employer and Position: _____

Employment History (last 5 years): _____

Have you ever been charged with or pled guilty to a felony or misdemeanor? _____ If yes, Please

list ALL charges : _____

Name and Phone number of Judge/DA if known:

Is living in a halfway house, sober living home, or mentoring home a condition of any probation, court order or as a requirement to maintain or secure a professional license? _____ If yes, please identify the entity requiring this of you and their contact information: _____

Referred by: _____

Next of Kin (include name, relationship, address and phone number)

Recovery / Sobriety History

Age and substance first used / abused? _____

Age you first became aware that you were abusing or addicted to these substances _____

Why do you use / abuse drugs or alcohol? _____

Do you consider yourself an addict? _____ What has your drug/ alcohol use cost you personally?

What makes you believe you are ready to address your drug / alcohol use? _____

What is the cost of failure?

What are your triggers? _____

If accepted, how might you try to sabotage your experience with us, and your recovery? _____

What would be the warning signs to your mentor and housemates that you were entering the emotional state of relapse? _____

What are you willing to do to create a life in recovery (be specific)? _____

When and what did you last use: _____

Longest period of sobriety in the past: _____ Number of times sobriety attempted: _____

Why did you relapse? _____

What was your response to that relapse? _____

Do you currently have a sponsor? _____ If yes, please provide name and contact information

If no, have you ever had a sponsor? _____ Have you ever worked a 12 step program? _____ Have you ever participated in any inpatient treatment? _____ If yes, please provide name, location, and length of stay: _____

List all drugs used/ abused in the past, including tobacco products and approximate date of last use:

Describe any sober living programs previously involved in, length of stay and reason for leaving: _____

What do you believe the role of your mentor would be in helping you live that life in recovery?

Have you ever been emotionally or sexually abused? _____

Have you ever been physically abused? _____ By whom? _____

Location of abuser: _____ Approximate date of last event:

_____ Charges Filed? _____ Last contact with abuser: _____

If accepted, the applicant agrees that the location of the mentoring house not be divulged to the abuser, or others known by the abuser.

Diagnosed medical conditions, treating physician and related prescriptions:

Physical limitations, if any:

Describe how you would like your life to be a year from now: _____

What are your three best attributes: _____

What is one thing, other than addiction, that you would like to change in your life? (Must be possible, even if you don't understand how to do it) _____

What prevents you from making that change? _____

If God were going to describe you to His angels, what words would He use? _____

Other than drugs or alcohol, what is the main thing that holds you back from the life you want?

Any misrepresentation of material facts will result in immediate expulsion from the house with no refunds.

Applicant's Signature

Date