

# Resident Application & Enrollment Agreement

## Turning Point Living Solutions

Turning Point Living Solutions provides structured, recovery-focused housing designed to support individuals committed to maintaining sobriety, personal responsibility, and stability. Our residences offer a safe and supportive living environment for individuals actively working toward long-term recovery.

Submission of this application does not guarantee acceptance. All applicants are subject to review and approval by program leadership.

### Applicant Information

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License or State ID Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

### Recovery Background

Primary Substance(s) Used: \_\_\_\_\_

Date of Last Use: \_\_\_\_\_

Have you previously lived in a sober living residence?

Yes / No

If yes, where: \_\_\_\_\_

Recovery Meeting Participation:  
AA / NA / Celebrate Recovery / Other

Sponsor Name (if applicable): \_\_\_\_\_

Sponsor Phone: \_\_\_\_\_

**Employment & Daily Structure**

Current Status:  
Full Time Employment / Part Time Employment / Seeking Employment / Student / Other

Employer Name: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Typical Work Schedule: \_\_\_\_\_

**Legal Status**

Currently on probation or parole?  
Yes / No

Supervising Officer Name: \_\_\_\_\_

Officer Phone: \_\_\_\_\_

Required to register as a sex offender?  
Yes / No

**Medical Information**

Any medical conditions the program should be aware of?  
Yes / No

If yes, explain:  
\_\_\_\_\_

Currently prescribed medication?  
Yes / No

## **Program Expectations**

Residents agree to:

- Maintain a drug and alcohol free lifestyle
- Attend at least three recovery support meetings per week
- Participate in one counseling session per month with an outside provider
- Maintain employment, education, or approved structured activity
- Attend weekly house meetings
- Respect residents, staff, and volunteers
- Maintain cleanliness and shared responsibilities within the home

## **Financial Agreement**

Program Fee: \_\_\_\_\_

Payment Schedule: \_\_\_\_\_

Late Payment Policy: \_\_\_\_\_

## **Resident Agreement**

Turning Point Living Solutions is a peer supported sober living residence and does not provide medical or clinical treatment services.

Residents agree that:

- All information provided is accurate and truthful
- The resident is responsible for their own recovery program
- The residence is not responsible for lost or stolen property
- Violent behavior, illegal activity, or substance use may result in immediate removal

## **Applicant Certification**

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_