

Wakefield House Application

Please complete the following form. Print all answers clearly. We look forward to talking with you about becoming a house member.

Name	<input type="text"/>	Date of Birth	Month	Day	Year
Address	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Home Phone	<input type="text"/>	Is this a treatment facility?	<input type="checkbox"/>		
Work Phone	<input type="text"/>				
		Marital Status			
		<input type="radio"/> Never Married	<input type="radio"/> Divorced		
		<input type="radio"/> Married	<input type="radio"/> Widowed		
		<input type="radio"/> Separated			

Are you an alcoholic?	<input type="checkbox"/>	Date of last drink	<input type="text"/>	What drugs did you use addictively? <input type="text"/>
Are you addicted to drugs?	<input type="checkbox"/>	Date of last drug use	<input type="text"/>	
When did you attend your first AA or NA meeting?	<input type="text"/>			
How many AA or NA meetings do you attend each week?	<input type="text"/>			
Do you want to stop drinking alcohol and using addictive drugs?	<input type="checkbox"/>			

Are you employed?	<input type="checkbox"/>	If yes, who is your employer?	<input type="text"/>
If you do not have a job, will you get one?	<input type="checkbox"/>	If yes, how will you get one?	<input type="text"/>
Are you getting welfare or other non-job related income?	<input type="checkbox"/>	If yes, what is it?	<input type="text"/>
What is your income each month now?	<input type="text"/>		
What do you expect your income to be next month?	<input type="text"/>		

Do you have a medical doctor?	<input type="checkbox"/>	
If yes, list the doctor's name and phone number	<input type="text"/>	
Have you ever been to a treatment facility for alcoholism and/or drug addiction? If yes, list the treatment provider, phone number and primary counselor if you have one.	<input type="text"/>	
Do you take prescription drugs? If yes, list the drugs and the reason the drug has been prescribed.	<input type="text"/>	

Date of move in

Why do you want to move in on this specific date?

Have you ever lived at Wakefield House?

Useful Telephone Numbers - Family, Friends, Doctor, etc.

Name and Address	Relationship	Telephone

Social Security Number

Driver's License Number

Which state issued the license?

Do you have anything else you would like to tell us?

Wakefield House is a Limited Liability Company or LLC registered in the state of Maryland. Wakefield House rents the building from the owner. House members are guests of Wakefield House and are responsible to Wakefield House for payment of their security deposits and rent. Wakefield House may accept, deny or remove guests at any time at its' sole discretion. House members do not have a lease or rental agreement with the owner and therefore do not have access to due process thru standard landlord-tenant laws.

Wakefield House is managed in a democratic manner by the house members. House members vote on issues such as accepting new members, removing members, house chores, room assignments and other day to day activities. New members must be willing to participate fully in these activities.

I have read all the questions and answered them honestly. I understand and agree to all of the above terms and conditions.

I agree to not use non-prescribed drugs, consume alcohol or violate the law while living at Wakefield House.

I agree to stay current with my rent.

I agree to attend at least one 12-step meeting each week.

I agree to participate in weekly house meetings and share regular house chores.

I agree to these conditions because recovery from drug and / or alcohol addiction is important to me.

Signature: _____

Date: