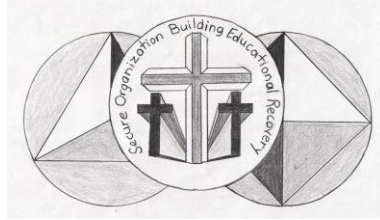


**Secure Organization Building Educational Recovery  
1648 Pipers Gap Road · P.O. Box 1525  
Galax, VA 24333  
(276) 236-0460**

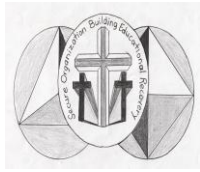


**ELIGIBILITY CRITERIA**

**All applicants must be pre screened and in the judgment of the management will benefit from the program and be willing to abide by the rules and regulations governing the program.**

1. Applicant must be alcohol and drug free.
2. Applicant must have a strong desire and be motivated to remain alcohol and drug free.
3. Applicant must be willing to maintain a recovery plan.
4. Applicant must be free of psychological and medical problems that would preclude their function in this program and group environment in which self-care is necessary.
5. Applicant cannot be on parole or probation that would interfere with this program and must not have legal obligations(child support, alimony, fines or probation fees) that would interfere with staying current with room and board fee.
6. Applicant must disclose pending court dates that would interfere with this program and will need to provide their own transportation for any legal problems.
7. Applicant needs admission fee (\$100.00), first weeks rent (\$100.00) and last week rent (\$100.00), totaling \$300.00 at the time of admission.
8. Applicant must bring a 30 day supply of any prescribed medication in an authorized container and have at least one refill available.
9. Applicant must have recent (within last three months) TB Test and provide facility with results.
10. Applicant needs identification, a picture ID, Social Security card, and Birth Certificate.
11. Applicant must be able to work full time and be willing seek any work available.

**Applicants applying for readmission to program must have left in good standing or show corrective action taken to reconcile any previous problem and meet with Director for consideration for readmission.**



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**Application for Residency**

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

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address at Present: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

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

Marital Status: M \_\_\_ S \_\_\_ D \_\_\_ Sep \_\_\_ # of Children: \_\_\_\_\_

Wife's Name: \_\_\_\_\_

Children's Names and Age: \_\_\_\_\_  
\_\_\_\_\_

Where do they live: \_\_\_\_\_  
\_\_\_\_\_

Do You Pay Child Support: Yes \_\_\_ NO \_\_\_ If yes amount: \_\_\_\_\_

Do You Pay Alimony: Yes \_\_\_ No \_\_\_ If yes amount: \_\_\_\_\_

Are You Currently Employed: Yes \_\_\_ No \_\_\_ If yes provide following information:

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

Length of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Are you disabled: Yes \_\_\_ No \_\_\_ If yes can you do service work: Yes \_\_\_ No \_\_\_

Are you on Probation: Yes \_\_\_ No \_\_\_ If yes provide the following:

Probation officers name: \_\_\_\_\_ Reason you are on probation  
\_\_\_\_\_



NAME: \_\_\_\_\_

---

**Admission Policies, Rules, Regulations, and Procedures**

I, \_\_\_\_\_, the undersigned, have received a copy of the Admission Policy, Rules, Regulations, and Procedures of the S.O.B.E.R. Home. I fully understand the Admission Policy, Rules, Regulations, and Procedures of the Home, being accepted as a resident of the Home, I hereby do agree to abide by them. I understand noncompliance may result in immediate termination of residency. S.O.B.E.R. will be under no obligation to find housing for me upon termination of residency.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Admission Policies, Rules, Regulations, and Procedures are subject to change without notice.**

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**Visitation Policy**

I, \_\_\_\_\_, the undersigned, have received a copy of the S.O.B.E.R. Home's Visitation Policy. I fully understand this policy, and being accepted as a resident of the Home, I hereby do agree to abide by the policy. I understand noncompliance to this policy may result in immediate termination of residency. S.O.B.E.R. will be under no obligation to find housing for me upon termination of residency.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I, the undersigned, understand and agree S.O.B.E.R. and/or property owners will not be responsible in any way for personal injury and/or death to me at anytime. S.O.B.E.R. and/or property owners will not be responsible for damage and/or loss of personal property. I understand by signing this agreement I will forfeit any rights I may have in a lawsuit, Criminal or Civil, against Secure Organization Building Educational Recovery, Inc. and/or property owners.

Resident Signature \_\_\_\_\_ Date: \_\_\_\_\_

Management's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_

# PERSONAL INFORMATION

NAME: \_\_\_\_\_  
FIRST MI LAST

DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MONTH DAY YEAR

KNOWN MEDICAL CONDITIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_

## PRESCRIBED MEDICATION

MEDICATION	DOSE	ILLNESS	TIME TAKEN

## EMERGENCY CONTACT

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET

\_\_\_\_\_  
\_\_\_\_\_

CITY

STATE

ZIP CODE

PHONE: \_\_\_\_\_  
HOME CELL

\_\_\_\_\_  
WORK

SIGNATURE: \_\_\_\_\_ DATE

**Secure Organization Building Educational Recovery, Inc.**  
**PRN Medication Sheet**

Client Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

**PRN Medication**

Tylenol \_\_  
Aspirin \_\_  
Enteric Aspirin \_\_  
Ibuprofen \_\_  
Vick's Rub \_\_  
Desenex \_\_  
Tinactin \_\_  
Triple Antibiotic Ointment \_\_  
Corn Pads \_\_  
Robitussin \_\_  
Throat Lozenges \_\_  
Chloraseptic Lozenges  
    or Spray \_\_  
Sinus Tablet/Nasal  
Decongestant/Antihistame \_\_  
Benadryl \_\_  
Milk of Magnesium \_\_  
Antacid Tablets or Liquids \_\_  
Maalox \_\_  
Keopectate \_\_  
Correctol \_\_  
Pepto bismal \_\_  
Metamucil \_\_  
Cruex \_\_  
Blistex \_\_

Cruex \_\_  
Blistex \_\_  
Rubbing Alcohol \_\_  
Hydrogen Peroxide \_\_  
Preparation H \_\_  
Emertrol \_\_  
Visine \_\_  
Anbesol \_\_  
Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RX Medication**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_