



New Resident Financial Assistance Application

Please tell us the reason you are applying for assistance:

Your Name: _____ Date of Birth: _____

Phone Number: _____ Email address: _____
(Please list a working number and a valid email where you can be contacted with questions if we must speak with you to process your application.)

Most recent treatment center you attended: _____

Recovery Program Participation

What Recovery Program (12-step or other) Program do you participate in? (Write N/A if none)

Sponsor Name AND Step of recovery you are currently working on:

Sponsor Phone Number: _____ *(Please let your sponsor know that we will be calling to verify sponsorship.)*

Current balance due (how much you CURRENTLY owe) to Butte SPIRIT Home: _____

Total amount you have already paid to Butte SPIRIT Home: _____ Move-in Date *(if known)*: _____

Length of time clean & sober (# of days): _____ Sobriety/Clean Date: _____

List your current occupation, employer and number of hours worked per week. Otherwise, write "unemployed":

Check all income that you receive from the following:

- Unemployment
- Earned income from working
- SSI - Supplemental Security Income
- SSDI - Social Security Disability Insurance
- VA Service-connected disability compensation
- Private disability insurance
- Temporary Assistance for Needy Families- TANF
- General assistance
- Retirement - Social Security
- VA Non-service connected disability pension
- Pension or retirement income from former job
- Child Support
- Alimony or other spousal support
- Worker's Compensation
- Income from other source(s) - explain in next question
- I do not receive any income of any type

If you selected Income from other sources in the question above, please explain below:

If disability or unemployment benefits recipient, what is the amount received per week or month.
(Write N/A if not applicable.) \$ _____

How long have you been at your present job or how long have you been on disability / unemployment benefits? _____

DEMOGRAPHIC INFORMATION

Citizenship Status (circle one):

Citizen Non-citizen Undocumented

Primary Language: _____

Are you a Veteran of the US Armed Forces? YES NO

Race & Ethnicity: _____

LIVING SITUATION

Check those that apply if you have a continuing disabling condition that is BOTH expected to be long-term duration AND substantially impedes your individual ability to live independently

- Substance abuse / alcohol problem
- Mental health problem
- Developmental disability
- Chronic health condition
- HIV / AIDS
- Physical disability
- Veteran disabled by illness/injury incurred or aggravated during active military service

What was your living situation before moving into your sober living home?

- Emergency Shelter
- Hospital
- Psychiatric hospital
- Jail or prison
- Long term care facility
- Substance abuse treatment facility or Detox
- Home or apartment owned by you
- Home or apartment rented by you
- Family's room, apartment or house
- Friend's room, apartment or house
- Halfway house
- Other living situation: _____

Did you stay less than 90 days at your former living situation?

- Yes
- No

What was the total time spent at your former living situation? _____

If you stayed less than 90 days at your former living situation, on the night before that living situation, did you stay on the streets (homeless) ?

- Yes
- No

Number of times you have been on the streets in the past 3 years? _____

Number of months you have been on the streets in the past 3 years? _____

Address before moving into sober living- give address, city, state and zip code (Do not list a sober living home)

Are you presently fleeing from domestic violence?

- Yes
- No

FINANCIAL INFORMATION

Check all non-cash benefits you receive

- SNAP - Food Stamps
- SNAP - WIC program
- TANF Child care
- TANF Transportation services
- Other TANF

Are you covered by health insurance?

- Yes
- No

If you answered "Yes" to being covered by health insurance, please check which type of insurance program below

- Medicaid
- Medicare
- VA Medical Services
- Employer-provided health insurance
- COBRA health insurance
- State Health insurance for adults
- Private-pay health insurance
- Indian Health Services program
- Other health insurance
- I do not have health insurance

If you checked "Other health insurance" above, please give name and type of insurance provider below:

BARRIERS TO RECOVERY

Check any items below where you may want assistance:

- Job training/search
- ID card / Driver License
- Social security card
- Unemployment Benefits
- Counseling
- Mental health
- Medical/Dental
- Clothing/ Dress for Success
- GED
- Legal

By signing and submitting this form to the Butte SPIRIT Home, I promise that all of the above information is truthful and correct, and acknowledge that I am NOT guaranteed financial assistance or admission to the Butte SPIRIT Home.

Applicant Signature: _____ Date: _____

Name of person completing form, if other than the applicant named on the first page: _____