



**ARE YOU RECOVERING FROM: ( )ALCOHOL ( ) DRUG**

Have you been in a substance abuse treatment, either in or out-patient, within the last 3 years? List the name of each program, the dates you attended, if you graduated, or if you were discharged explain why?

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Are you currently in a self-help recovery program: ( ) AA ( ) NA

**How many meetings do you attend weekly?** \_\_\_\_\_

**Do you have a sponsor?** ( ) YES ( ) NO If No, why not? \_\_\_\_\_

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**What is your source of income?**( ) Employment ( ) Disability

\$\_\_\_\_\_per month

Other (explain)\_\_\_\_\_

**Employer:** Name, Address, Phone\_\_\_\_\_

**Job Description:**\_\_\_\_\_Weekly Net Income:\$\_\_\_\_\_How Long?\_\_\_\_

List source and amount of other weekly income:\_\_\_\_\_

**Marital status:** ( ) Single ( ) Married ( ) Divorced

Do you take prescription medication ( ) YES ( ) NO If "YES" Please List

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**Are you or will you be on a drug replacement program(i.e. Methadone, Suboxone)?** ( ) YES ( ) NO

**Please list two emergency Contacts:**

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NAME	TELEPHONE	RELATIONSHIP
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NAME	TELEPHONE	RELATIONSHIP
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**List your 2 most recent residences:**

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Name/address Of House	Dates	Reason For Leaving
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Name/address Of House	Date	Reason For Leaving
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**ARE YOU CURRENTLY ON PROBATION/PAROLE?**

YES     NO

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PROBATION OFFICER'S NAME	PHONE NUMBER
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**PLEASE NOTE THAT:**

**Dawns New Day House will require immediate discharge of any resident who is found by majority house vote and or decision of the house manager to be**

1. USING ALCOHOL OR DRUGS
2. IN DEFAULT OF WEEKLY HOUSE PAYMENT SHARE OF EXPENSES
3. GUILTY OF DISRUPTIVE BEHAVIOR

# CODE OF RESPONSIBILITY

- \* A RESIDENT OF DAWNS NEW DAY IS **NOT** A TENANT BUT RATHER A MEMBER OF A SOBER LIVING COMMUNITY.
  - \* SUCH A RESIDENT IS NOT ENTITLED TO ANY OF THE RIGHTS AND PROTECTION PURSUANT OF A TENANT UNDER MASSACHUSETTS GENERAL LAW.
- \* DAWNS NEW DAY, REQUIRES A ENTRY FEE EQUAL TO 2 WEEKS OF RENT TO BE PAID AT TIME OF ACCEPTANCE..
- \* THIS IS A NON-REFUNDABLE FEE AND YOUR SHARE OF THE HOUSE FEES ARE DUE WITHOUT EXCEPTION, ON EACH FRIDAY.
- \* SINGLE ROOMS ARE \$200 P/W DOUBLE ROOM \$175 P/W
- \* ALL MEDICATIONS ARE TO BE KEPT SECURE IN A LOCKED BOX/SAFE
- \* DAWNS NEW DAY IS NOT RESPONSIBLE FOR ANY PERSONAL BELONGINGS OF MEMBERS.
- \* MUST ATTEND WEEKLY MEETINGS EVERY WEEK (NO EXCEPTIONS)
- \* MUST SUBMIT TO TWO LABORATORY URINE SCREENS EACH WEEK
- \* MUST SUBMIT TO RANDOM QUICK CUP DRUG TEST AT STAFF'S DISCRETION

I have read and understand this application; I am applying to become a member of the Dawns New Day Community and not an officially recognized tenant of a property in the Commonwealth of Massachusetts .I agree to abide by the rules of the house as stated above.

By signing below I certify the information I provide to be correct and that I understand the condition of my residency as stated in the house rules, policies and procedures a copy which has been provided to me.

**RESIDENT**  
**DATE:** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**HOUSE MANAGER/OWNER**  
**DATE:** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_