

Driftless Housing Services

Housing Application

444 Main Street Suite 301

La Crosse, WI 54601

Date _____ PRINT FULL NAME _____

Current Address:

City _____ State _____ Zip _____

Phone # _____ Date of birth _____ Age _____

Driftless Housing Services does not accept anyone charged with a Sex Offense.

Have you been in Driftless Housing Services housing before? Yes No

What dates did you live in Driftless Housing Services housing? _____

For what reason did you leave Driftless housing Services Housing?

in case of emergency:

Name _____ Phone _____

Address _____

Relationship _____

Are you in outpatient treatment? Yes No If yes, where? _____

Where will your resident fee come from? _____

Date of last use _____ Alcohol/drug of choice _____

Medications you are currently prescribed (applicants will be declined if using any controlled substance including Methadone or Suboxone.) _____

Are you involved in Drug Court? Yes No Are you involved in OWI Court? Yes No

List all felony convictions, if any _____

List misdemeanor convictions, if any: _____

Are you now on Probation? Yes No

Are you now on Parole? Yes No

List Probation / Parole Officer if known _____

If you have a Case Manager, please list name, phone number and email address if available _____

Have you ever been charged with any violent crimes in Wisconsin or elsewhere? Yes No

If yes, please describe IN DETAIL the events of all violent crimes. Use a separate page if necessary. (We consider Violent Offenders on a case-by-case basis.) Were you under the influence of drugs/alcohol when you committed the crime? Yes No

By signing below, I understand and agree to meet the following expectations, if accepted for residency into Driftless Housing Services housing.

- I agree to remain clean and sober at all times. _____ (Initial)
- I agree to pay sobriety deposit in advance. _____ (Initial)
- I agree to keep Driftless Housing Services free from alcohol and illegal drugs at all times. _____(Initial)
- I agree to follow all resident rules for structure and accountability and abide by the terms. _____(Initial)

I certify that ALL information I have provided to Driftless Housing Services is true and correct. I have read all material on this application form including the limitations above. I have answered each question honestly and want to achieve long-term sobriety from alcoholism and/or drug addiction. When I am accepted and take residency, I agree to hold harmless Driftless Recovery Inc. dba, Driftless Housing Services, the property owners and any and all service providers.

Signature Date