

Have you done any programming with Restorative Partners?

Yes No

Mentor Program \_\_\_\_\_

AVP \_\_\_\_\_

Yoga \_\_\_\_\_

Art \_\_\_\_\_

Thinking for a Change \_\_\_\_\_

Other \_\_\_\_\_

# Restorative Partners



Recovery Homes

## Application for Waiting List

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

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

First

Middle

Last

Address: \_\_\_\_\_

Street Address

City, State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Are you able to pay for a part of your treatment/membership? \_\_\_\_\_

### Legal Status:

Are you currently incarcerated? \_\_\_\_\_

If yes, where? \_\_\_\_\_ Release Date: \_\_\_\_\_

Are you involved in any legal action? \_\_\_\_\_

### Treatment History:

Are you receiving alcoholism/drug addiction treatment? \_\_\_\_\_

Drug Court \_\_\_\_\_ Prop 36 \_\_\_\_\_ AB109 \_\_\_\_\_ POEG \_\_\_\_\_

ATCC \_\_\_\_\_ BATC \_\_\_\_\_ Self-Referral \_\_\_\_\_

Private or Other: \_\_\_\_\_

SLO: \_\_\_\_\_ North County: \_\_\_\_\_ South County: \_\_\_\_\_

Is your rent funded through your treatment program? \_\_\_\_\_

Name of Case Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Treatment Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parole/Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Drug History:**

Please describe your pattern of drug and alcohol use in the last 30 day:

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

How long since you've used drugs or alcohol? \_\_\_\_\_

What did you use last? \_\_\_\_\_

How long has using drugs and/or alcohol been a problem for you? \_\_\_\_\_

**Employment Status:**

Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ How Long: \_\_\_\_\_

Membership Dues of \$900.00 or pro-rated to \$30.00 per day for mid-month move-in must be paid on or before the day of arrival. (AB-109 or SLO County paid beds are exempt as per contract)

Requested Move-in Date: \_\_\_\_\_

Gus Chavez  
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**APPLICATION PROCESS:**

- 1) COMPLETE APPLICATION AND SUBMIT FORM (IF REFERRED BY COUNTY AGENCY, REFERRAL FORM WITH SUPERVISOR SIGNATURE MUST ACCOMPANY APPLICATION FOR BILLING PURPOSES).
- 2) COMPLETE INTERVIEW WITH DIRECTOR OF OPERATIONS
- 3) IF ACCEPTED, ARRANGE TIME AND DATE OF ARRIVAL