



VICTORY HOUSE PROGRAM

Dear Potential Victory House Client,

If accepted into the Victory House Program, we hope you find the Victory House to be a comfortable and supportive place while you strengthen your independent living skills. It is important to understand that you are not lessee of the Victory House Program and not a tenant. You will not be signing a lease, the Victory House is not your landlord, and residency in the Victory House Program will at no time confer tenancy rights.

To be accepted into the Victory House Program, an applicant must complete all pages of this application.

We are a Faith-based, transitional home that offers clean, respectful, and safe living conditions.

We provide programs to assist in the recovery of alcohol and drug abuse. These programs are designed to create responsible, self-reliant individuals in order to assist with a successful transition into mainstream society.

Please help us in our consideration of your case by completing and returning all the enclosed forms. Please feel free to give my number to anyone that may need to talk to me or has any questions about the program. If you have been convicted of any crimes, please be sure to include the nature of offense(s) in this application.

To reserve your spot, we require an initial deposit of \$140.00, which is a non-refundable, administrative fee. Upon arrival, we require 1 week of rent (\$200.00/week). Acceptance Letters will not be sent until the Administration Fee is paid in full.

Thank you very much for your interest in the Victory House.

Sincerely,

Jose Ariza
President



APPLICATION FOR VICTORY HOUSE PROGRAM

Carefully read the application and honestly answer all of the questions. Living in the Victory House is a privilege and, if you understand its value, will help you in the maintenance of your sobriety without relapse.

Do you have a DL/ID? Yes No

Do you have a Social Security Card? Yes No

Do you have a Birth Certificate? Yes No

Have you worked with Florida Workforce? Yes No

Do you need to apply for Food Stamps? Yes No

Do want to change your mailing Address? Yes No

1. Print Name (Last, First, Middle): _____

2. Date of Birth: Month: _____ Day: _____ Year: _____

3. Previous Address (Number, Street): _____

City: _____ State: _____ Zip Code: _____

Treatment Facility: Yes No

4. Phone: Home: _____ Work: _____

Cell: _____

5. Are you an Alcoholic? Yes No

6. Date of Last Drink: _____

7. Are you addicted to Drugs? Yes No

8. Date of Last Drug Use? _____

9. List Drugs you have used Addictively: _____

10. Do you want to Stop Drinking Alcohol and using Drugs? Yes No

11. Where are you coming from?

Prison: _____ Jail: _____

Treatment Center: _____

12. Please List ALL Criminal Convictions: _____

13. How long were you Incarcerated? _____

14. Are you on Probation or Parole? Yes No Probation Parole

15. If Unemployed, are you willing to seek and obtain employment? Yes No

16. What are your plans for Employment? _____

17. What is your current Monthly Income: _____

18. What do you expect your Monthly Income to be Next Month: _____

19. Marital Status: Never Married Separated Divorced

20. Do you have a Medical Doctor? Yes No

21. What is the Name of your Doctor: _____

22. What is your Doctor's Phone Number: _____

23. Have you ever been to a Treatment Facility for Alcoholism or Drug Addiction?

Yes No

24. If you've had treatment in the past, list Treatment Providers, Phone Number and

Primary Counselor: _____

25. Do you take Prescription Drugs? Yes No

26. List all Prescription Medications you Currently take: _____

List Reasons for Medications: _____

27. Approximate Date you Plan to Move into the Victory House: _____

28. Have you ever been convicted of any sex offenses: Yes No

29. Emergency Contact Phone Numbers:

List family doctor if you have one and 2 family members or friends:

Name	Phone	Relationship
------	-------	--------------

30. Use this Space for Any other Relevant Information.

The Victory House is not equipped for physical mobility issues.

The Victory House is not equipped for “Service Dogs”.

APPLICANT ACKNOWLEDGEMENT

I have read all the material on this application. I have answered each question truthfully and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse.

SIGNATURE: _____

DATE: _____

NAME: _____

Please acknowledge the following by initialing each line below:

- The Victory House is not responsible for death or injury that may occur in any Victory House.
- Victory House is not responsible for any theft or damage to personal property.
- Upon leaving you will have 48 hours to pick up your belongings. After that time said belongings will be donated to a charitable institution such as Goodwill Industries.
- Victory House reserves the right to ask anyone to leave at any time without cause.

If accepted into the Victory House Program, we hope you will find the Victory House to be a comfortable and supportive place while you strengthen your independent living skills. It is important to understand that you are NOT a lessee of the Victory House Program, and not a tenant. You will not be signing a lease, the Victory House is not your landlord, and residency at Victory House Program will at no time confer tenancy rights.

I ACKNOWLEDGE that if accepted, I will not be a lessee or a tenant of the VH; I will be a participant in the VH program and, as such, will have no tenancy rights.

SIGNATURE: _____

DATE: _____

NAME: _____