



Application for Residency – Hanani House

A faith based sober living community for women in 12 step recovery

Hanani House is currently accepting applications for women aged 18 or older. All applicants must read and agree to the **Hanani House Rules and Terms of Agreement**, and **submit a completed application**.

**The completed application should be emailed to info@hananihouse.org or printed and mailed to:
Hanani House Application – 1890 First Capitol #801, St. Charles, MO 63301**

PERSONAL INFORMATION				
First Name	Middle Name	Last Name	Date of Birth	Age
Phone		Email		
Social Security #	Marital Status	Current Living Situation		
Current Address		City	State	Zip Code
Do you own a Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year/Make/Model		License #	
Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	State	Drive License #	Has your license ever been suspended or revoked? If yes, please explain	
RECOVERY INFORMATION				
Are you an alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drug addict? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Use	Drug(s) of Choice	
Currently/recently in treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Location of Facility			
Did you complete successfully? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Date		Name of Counselor	
How do you plan to stay sober?				
Who referred you to Hanani House? (Name, Relationship & Phone)				
Do you attend 12-step recovery meetings?		If so, how often?		Do you have a sponsor?
Have you lived in a Recovery House before?		If so, name and location of Recovery House		
Why did you leave there?				



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EMPLOYMENT INFORMATION

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name & Location of Employer	Job Title	How long?
Current Monthly Income	What other types of work have you done?	Are you willing and able to be self-supporting?	
Do you have other family members who would help you financially if you were in need? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Name and Relationship	Address	Phone	

EDUCATION

High School		Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what year?	If no, did you take the Hi-Set or GED? What year?
College		Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Program of Study	
College		Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Program of Study	

LEGAL INFORMATION

List Pending Charges/Cases/Warrants			
Ever been incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	When? How long?	Reason	Name and Location of Facility
Currently on Probation or Parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Office		
Name of Officer	Contact Phone	Are you a registered sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List Felony Convictions			



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MEDICAL INFORMATION			
List ALL Medical/Psychiatric Conditions	List ALL Current Medications		
Describe Any Injuries/Disabilities			
Describe Physical Limitations Resulting from Disabilities			
Name of Physician			
Are you receiving Suboxone, Subutex, Methadone, Vivitrol, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one?	Physician Prescribing		
EMERGENCY CONTACT (LIST TWO)			
Name	Relationship	Phone	
Street Address	City	State	Zip
Name	Relationship	Phone	
Street Address	City	State	Zip
I hereby certify that I have read and agree to all House Rules and that all the information provided on this application is true and correct to the best of my knowledge. I authorize follow-up questions of all statements and information provide herein. (Signature required)			
Signature		Date	

Questions? Contact Tonya Hankins, Executive Director, at 636-634-0823 or info@hananihouse.org

Completed application must be printed and mailed to the address below, or they can be completed online and sent via email to info@hananihouse.org

Hanani House Application
1890 First Capitol #801
St. Charles, MO 63301