



**If you are in an institution or another program please tell us the name.**

Facility Name or Recovery Program

**Facility or Program Address**

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

**Inmate Number**

**Facility Case Worker**

First Name Last Name

**Phone Number**

Please enter a valid phone number.

**Public Defender/Lawyer**

First Name Last Name

**Phone Number**

Please enter a valid phone number.

**Probation/Parole Officer**

First Name Last Name

## Phone Number

Please enter a valid phone number.

## Emergency Contact

First Name      Last Name

## Address

Street Address

Street Address Line 2

City                      State / Province

Postal / Zip Code

## Phone Number

Please enter a valid phone number.

## Are you married?

Yes

No

## Children

Yes

No

## How Many Children

## Have you ever lived in Hobbs, NM?

Yes

No

**Do you have a physical copy of your Birth Certificate?**

- Yes
- No

**Do you have your social security card**

- Yes
- No

**Do you have a valid New Mexico Driver's License or Photo I.D. ?**

- Yes
- No

**In order to help you in your recovery we need to know about your addiction. Please answer the following questions as honestly as possible.**

**Are you an**

- Alcoholic
- Addict
- Both

**How old were you when you first got drunk?**

**How old were you when you first got high?**

**Please check the drugs you have abused? \***

- |                              |                                |
|------------------------------|--------------------------------|
| Synthetic Marijuana (Spice)  | Cocaine                        |
| Amphetamine                  | Marijuana                      |
| Benzodiazepines (Zanax)      | PCP                            |
| Inhalants (Glue, Paint etc.) | Cough Syrup/Cold Medications   |
| Mouthwash/Hairspray Cologne  | Synthetic Cocaine (Bath Salts) |
| Methamphetamine              | Opiates (Heroin)               |
| Methadone                    | Oxycodone                      |
| Antidepressants              | MDMA (Ecstasy)                 |

**When was the last time you got high or drunk?**



Month Day Year

**What did you get high or drunk on the last time?**

**Have you ever lied in order to get high or drunk?**

Yes

No

**Have you ever stolen in order to get high or drunk?**

Yes

No

**Have you ever been hospitalized for an overdose or drinking?**

Yes

No

**Have you ever been to a rehab or recovery house before?**

Rehab

Recovery House

**When were you there and for how long?**

**What was the programs name?**

**Did you complete your last program?**

Yes

No

**How much time have you spent in jail/prison for drugs or drinking.**

**Do you want to be completely sober?**

Yes

No

**What do you expect to happen to you from being clean and sober?**

**Are you willing to do whatever it takes to stay that way?**

**What are you hoping to accomplish at Opportunity House?**

**What do you feel is missing from your life?**

**List three (3) areas of your life you would like to work on while you are here?**

**Do you consider yourself to be an honest or a dishonest person?**

**What do you like most about yourself**

**Specify why you want to stop drinking and or using drugs?**

**Exactly what kinds of problems have drugs or alcohol caused you in the past?**

**Have you ever worked a 12 Step Program?**

Yes

No

**Approximately how many 12 Step Meetings have you attended in your lifetime?**

**Are you willing to attend 12 Step meetings and work the 12 Steps?**

Yes

No

**Are you willing to be completely sober?**

Yes

No

**Are you willing to find a new set of friends in order to maintain your sobriety?**

Yes

No

**Are you willing to participate in all OHI meetings?**

Yes

No

**Are you willing to be honest with the staff in all your affairs?**

Yes

No

**Are you willing to make a residency commitment to Opportunity House?**

12 Months

18 Months

24 Months

**Are you willing to follow ALL the house/program rules?**

Yes

No

**Are you willing and physically able to work?**

Yes

No

**Are you willing to pay for your stay?**

Yes

No

**Are you currently under the care of a physician and or psychiatrist?**

Yes

No



**If so please explain the reason(s) in detail.**

**Do you have or have you ever had any of the following problems?**

Physical Health Problems

Mental Health Problems

History of Seizures

Hallucinations

Depression

Migraine Headaches

Back Problems

**If you selected any of the questions above please explain in detail.**

**Are you currently taking any prescribed medications?**

Yes

No

**If yes, list ALL medications you are taking, both prescriptions and non-prescriptions and exactly when you last took them.**

**Please list and date the last time you used any drugs. Include alcoholic beverages. Please be honest, as you will be tested upon entering the Opportunity House Program. (Anyone who tests positive upon arrival will be turned away)**

**List all hospital stays including treatment for drug use, mental health and alcoholism.**

**At anytime during your life when you were trying to get sober or clean from drug use, did you experience DT's, hallucinations, extreme anger, anxiety, loss of appetite, depression, suicidal thoughts or anything out of the ordinary that we need to know about?**

Yes

No

**If yes, explain in detail.**

## **Criminal History**

It is important that you answer all questions on this application completely and honestly, especially your CONVICTIONS. We need as much accurate information as possible so that we can help you. Should we find out that you were not honest with the information you provided, then we will not be able to help you.

**What are your current charges?**

**List all arrests and convictions with dates, if possible?**

**Have you ever been arrested or convicted of a sexual crime?**

Yes

No

**Have you ever been arrested or convicted of a violent crime?**

Yes

No

**Have you ever been arrested or convicted of a violent crime in New Mexico?**

Yes

No

**Have you ever been arrested or convicted of a violent crime in any other state?**

Yes

No

**If so what state?**

**Do you have any OUTSTANDING WARRANTS anywhere for anything? That is Bench Warrants, Traffic Fines, and or Failure to Appear?**

Yes

No

**Do you have any pending charges in any other states?**

Yes

No

*If you answered "yes", these will have to be cleared before entering the Opportunity House Program. If you arrive and then get arrested, you will be terminated, and your bed will be reassigned and you will be placed at the bottom of the waiting list.*

**Are you currently on Probation or Parole?**

Yes

No

**What is your expected release date from jail or prison**



Month Day Year

**Do you have any detainers anywhere?**

Yes

No

**Are you currently affiliated with any gangs?**

Yes

No

**If so, who?**

**Are you ever been affiliated with any gangs?**

Yes

No

**If so, who and when?**

**Do you have any gang related tattoos?**

Yes

No

**If so, what are and where are they located on your body?**

List your last three (3) places of employment. List the date you started, what you did, and the last day you worked. Start with your last job.

**Employer #1**

**Start Date**



Month Day Year

**End Date**



Month Day Year

**Job Description**

**Employer #2**

**Start Date**



Month Day Year

**End Date**



Month Day Year

**Job Description**

### Employer #3

#### Start Date



Month Day Year

#### End Date



Month Day Year

#### Job Description

**Opportunity House's purpose is to help you recover from drug and alcohol addiction. EVERYTHING we do stems around sobriety. If you are wanting to change your life, and are willing to do whatever it takes to be sober, Opportunity House is offering you this opportunity.**

**Please tell us why you want to come to Opportunity House.**

i have been honest on the residency application. I understand that I could be terminated from Opportunity House for giving false answers on this application. I understand that I can not hold Opportunity House, Inc responsible or stolen articles. I will not hold Opportunity House, Inc responsible for any accidental illness or injury. The decision to reside at Opportunity House has been. my decisio and I am trying to find a new set of friends who are not drinking or drugging. I realize that I will be terminated if I am in the company of people drinking or taking drugs.

Signing below signifies that I have read the stament above and agree with it.