



APPLICATION FOR ADMISSION  
STEPS TO SOLUTIONS INC.

Peter McCarthy, President  
Phone: (508)840-1921

ALL HOUSES HAVE A ZERO TOLERANCE DRUG USE POLICY

I hereby apply for membership and acceptance to the Steps to Solutions, Inc. house named below. I am providing the following information for the Steps to Solutions, Inc. staff to determine my eligibility for enrollment in the sober living community program.

**PLEASE PRINT LEGIBLY**

**Name:** \_\_\_\_\_  
*LAST* *FIRST* *M.I.*

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) MALE ( ) FEMALE **SSN** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_  
*HOME* *WORK* *CELL*

**ARE YOU A RECOVERING:** ( ) ALCOHOLIC ( ) DRUG ADDICT

*Have you been in substance abuse treatment, either in or out-patient, within the last 3 years? List the name of each program, the dates you attended, if you graduated, or if you were discharged explain why?*

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*Are you currently in a self-help recovery program:* ( ) AA ( ) NA

**How many meetings do you attend weekly?** \_\_\_\_\_

**Do u have a sponsor?** ( ) YES ( ) NO *If No, why not?* \_\_\_\_\_

**What is your source of income?** ( ) Employment ( ) Disability \$ \_\_\_\_\_ per month

Other (explain) \_\_\_\_\_

**Employer:** Name, Address, Phone \_\_\_\_\_

**Job Description:** \_\_\_\_\_ *Weekly Net Income; \$* \_\_\_\_\_ *How Long?:* \_\_\_\_\_

List source and amount of other weekly income: \_\_\_\_\_

**Marital status:** ( ) Single ( ) Married ( ) Divorced

Do you take prescription medication ( ) YES ( ) NO If "YES" Please List

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

**Are you or will you be on a drug replacement program** (*i.e. Methadone, Suboxone*)? ( ) YES ( ) NO

**Please list two Emergency Contacts:**

NAME	TELEPHONE	RELATIONSHIP
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NAME	TELEPHONE	RELATIONSHIP
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**List your 2 most recent residences:**

NAME/ADDRESS OF HOUSE	DATES	REASON FOR LEAVING
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NAME/ADDRESS OF HOUSE	DATES	REASON FOR LEAVING
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**ARE YOU CURRENTLY ON PROBATION/PAROLE?** ( ) YES ( ) NO

\_\_\_\_\_  
*PROBATION OFFICER'S NAME*

\_\_\_\_\_  
*PHONE NUMBER*

## PLEASE NOTE THAT:

**Steps to Solutions House will require immediate discharge of any resident who is found by majority house vote and or decision of the house manager to be:**

1. USING ALCOHOL OR DRUGS
2. IN DEFAULT OF WEEKLY HOUSE PAYMENT SHARE OF EXPENSES
3. GUILTY OF DISRUPTIVE BEHAVIOR

### **CODE OF RESPONSIBILITY**

- A RESIDENT OF STEPS TO SOLUTIONS IS *NOT* A TENANT BUT RATHER A *MEMBER* OF A SOBER LIVING COMMUNITY.
  - SUCH A RESIDENT IS NOT ENTITLED TO ANY OF THE RIGHTS AND PROTECTION PURSUANT OF A TENANT UNDER MASSACHUSETTS GENERAL LAW.
- A STEP TO SOLUTIONS, INC. REQUIRES A \$300 ENTRY FEE TO BE PAID AT THE TIME OF YOUR ACCEPTANCE. ALONG WITH YOUR FIRST WEEK OF RENT
- THIS IS A NON-REFUNDABLE FEE AND YOUR SHARE OF THE HOUSE FEES ARE DUE WITHOUT EXCEPTION, ON EACH FRIDAY.
- SINGLE ROOMS ARE \$180 P/W
- DOUBLE ROOMS ARE \$160 P/W
- TRIPLE ROOMS ARE \$140 P/W
- TV'S IN ROOM IS A \$10 CHARGE A MONTH, A/C ARE \$50 A MONTH DUE THE FIRST OF EACH MONTH WITH 2 MONTHS DUE UPON ACCEPTANCE TO PROGRAM
- STEPS TO SOLUTIONS HOUSE IS NOT RESPONSIBLE FOR ANY PERSONAL BELONGINGS OF MEMBERS
- MUST ATTEND WEEKLY HOUSE MEETING EVERY WEEK (NO EXCEPTIONS)
- MUST SUBMIT TO THREE (3) LABORATORY URINE SCREENS EACH WEEK
- MUST SUBMIT TO RANDOM QUICK CUP DRUG TESTS AT STAFF'S DISCRETION

I have read and understand this application; I am applying to become a member of the Steps to Solutions Community and not an officially recognized tenant of a property in the Commonwealth of Massachusetts. I agree to abide by the rules of the house as stated above.

By signing below I certify the information I provide to be correct and that I understand the condition of my residency as stated in the house rules a copy of which I was provided.

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_