



## “Endazhi-noojimong,” LCO Men’s Sober Living Home Program Participant Application

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

City, State & Zip Code: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Are you a federally recognized tribal member? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the name of the tribe: \_\_\_\_\_

Have you used any substance, opioid or alcohol within the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any past or current criminal convictions? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain (please specify if you have any current open cases):

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

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

Have you ever lived in a sober home before? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or will you be taking any prescribed medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list all prescribed medications below:

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

Are you ambulatory and able to participate in volunteer work? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, do you have any restrictions?: \_\_\_\_\_

What is your expected move in date? \_\_\_\_\_

Are you currently in a Treatment Facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list Treatment Facility: \_\_\_\_\_

Counselor’s name: \_\_\_\_\_

Counselor’s phone: \_\_\_\_\_ email: \_\_\_\_\_

Are you willing to commit to a sober living home for four (4) months as a program participant in a phasing up program? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list why you want to be accepted to the Endazh-noojimong LCO Men’s Sober Living Home? \_\_\_\_\_  
\_\_\_\_\_

A \$700 move in fee is due on move in date (cash, check, or qualified voucher program).

Please read the following statement and sign below if you agree to participate in the “Endazhi-noojimong,” Lac Courte Oreilles Men’s Sober Living Home Terms and Conditions.

*I have read the above notice and understand that I am applying for entrance to “Endazhi-noojimong,” Lac Courte Oreilles Men’s Sober Living Home as a program participant of a sober living recovery home. I agree to abide by the responsibilities and requirements of the house and fully subject myself to the rules of the home, which include periodic/random drug testing.*

*I understand that I am subject to immediate expulsion from the home if any of the following occur: 1) I use alcohol or drugs (other than prescribed medications; 2) I engage in disruptive behavior; 3) I fail to pay my monthly dues.*

*I understand that if I leave voluntarily, I will submit a 30-day verbal notice to the house manager.*

*By signing below, I certify that the information contained in this application is true. I have read and accept the above conditions set forth for program participation to the “Endazh-noojimong,” Lac Courte Oreilles Men’s Sober Living Home Terms and Conditions and agree to abide by said conditions should I be selected as a program participant.*

**Printed Name:** \_\_\_\_\_

**Signature**

**Date:**

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**You may send this application to:**

**Drop off in person at: 9630 N Co Hwy K, Hayward, WI 54843**

**Email: endazhinoojimong@lco-nsn.gov**

**Phone: 715-257-5144**