



“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 “Enadazhi-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:

You may send this application to:

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

Email: nicholas.miller@lco-nsn.gov or sam.gonzalez@lco-nsn.gov

Phone: 715-257-5144