'Keep Life Homes'
Supportive Housing

Business/Mailing Address: 114 Stuart Rd NE - PMB134, Cleveland, TN 37312
Physical Address of KL Home: 415 Brown Ave NW, Cleveland, TN 37311

TEL: 423-244-5709 * EMAIL: seekandfindyourself@gmail.com (Peggy/Admin)
TEL: 423-435-3283 * EMAIL: safyincinfo@gmail.com (Candice Pierce/ Residential Office Mgr
WEBSITE: www.seekandfindyourself.org

We appreciate your interest in our supportive housing program! We believe every potential client is at different stages of their recovery journey from various trials, traumas, addictions, and hardships; therefore, acceptance and guidelines for our housing program are considered on a case-by-case basis. Please answer all questions, and ***do not*** leave anything blank. If you are unwilling to complete the application fully, we see this as an indication of what you are willing to put into your recovery. Room fees are $125 per week Fees are due one month in advance; however, we will work with you if you can only pay one week at a time initially.

Candidates must be free from drugs or alcohol, including prescription narcotics and benzodiazepines. Candidates must also be self-motivated and provide food and hygiene supplies for themselves (we will help initially if necessary). All residents provide for and cook a meal for everyone twice per month.

Attached is our preliminary application, which is the first step in considering you for intake. Please answer all questions throughout the application honestly and thoroughly and return them to us via email (listed above) or the United States Postal Service. Please do not take photos of individual pages and send pictures; instead, scan and upload them to a computer if you send them via email.

Seek and Find Yourself, Inc.
114 Stuart Rd NE - PMB134
Cleveland, TN 37312

Thank you for considering us to help you on your recovery journey. Upon receipt of your application, we will schedule an in-person interview if eligibility is determined. If you have any questions, please call the above number and ask to speak with a management team member.

In His Service,

Margaret 'Peggy' Klutts Admin/Director
Candice Pierce, Residential Office Manager
Seek and Find Yourself, Inc.

APPLICATION

FULL NAME:_____ AGE: _____ DOB: _____
ADDRESS: _____
_____ PHONE: _____

EMAIL ADDRESS: _____

MARITAL STATUS: [ ] SINGLE [ ] WIDOWED [ ] BOYFRIEND (How long?) _____
[ ] MARRIED (How Long?) _____ [ ] SEPARATED (How Long?) _____ [ ] DIVORCED

CHILDREN (Names, ages, and who they live with):
_____
_____

HOUSEHOLD: [ ] ALONE [ ] WITH CHILDREN] [ ] WITH PARENT OR OTHER FAMILY
[ ] WITH ROOMMATE [ ] WITH PARTNER [ ] HOMELESS [ ] INCARCERATED

DO YOU CURRENTLY HAVE (check all that apply): [ ] Food Stamps [ ] Social Security Card
[} Drivers License [ ] State ID – What state-issued license or ID _____ [ ] Birth Certificate

SUPPORTIVE AND HEALTHY FAMILY MEMBERS:
NAME: _____ RELATIONSHIP: _____ PHONE: _____
NAME: _____ RELATIONSHIP: _____ PHONE: _____

PERSON TO CONTACT IN CASE OF MEDICAL OR OTHER EMERGENCY (if different than above):
NAME: _____ RELATIONSHIP: _____ PHONE: _____
ADDRESS: _____

PAST AND CURRENT WORK EXPERIENCE (note if you are working now):
_____
_____
_____

YEARS IN CURRENT FIELD OF WORK: _____ YEARS IN OTHER FIELDS _____

WORK GOALS (WHAT IS YOUR DREAM JOB):
_____
_____

DISABILITY/SS? [ ] YES [ ] NO MONTHLY AMOUNT **AND REASON FOR DISABILITY:**
_____

OTHER INCOME SOURCES AND AMOUNTS:
_____
_____

EDUCATION:
DID YOU GRADUATE HIGH SCHOOL? [ ] YES [ ] NO GED? [ ] YES [ ] NO
COLLEGE GRADUATE? [ ] YES [ ] NO IF YES, DEGREE: _____

EDUCATION GOALS (if applicable):
_____
_____

WHY YOU ARE SEEKING TRANSITIONAL SUPPORTIVE HOUSING AT THIS TIME:
_____
_____
_____

WHAT ARE YOUR HOBBIES, INTERESTS, OR PASSIONS?
_____
_____
_____

HOW DO YOU HOPE YOU'RE YOUR LIFE WILL BE DIFFERENT?
_____
_____
_____

HOW LONG DO YOU THINK YOU'LL NEED SUPPORTIVE HOUSING?
_____
_____

MEDICAL INFORMATION

PLEASE LIST **CURRENT** MEDICAL ISSUES, **MEDICATIONS**, & PRESCRIBING DOCTOR(S):
_____
_____
_____
_____
_____

PLEASE LIST ANY **PAST** MEDICAL DIAGNOSES, ISSUES, OR SURGERIES:
_____
_____
_____
_____

LEGAL HISTORY

CURRENT CHARGES OR INCARCERATED AT:_____
PAST CHARGES (When & Where) _____
_____
ARE YOU CURRENTLY ON PROBATION OR PAROLE? [ ] Yes [ ] No
IS IT STATE PROBATION? [ ] YES [ ] NO IF NO, WHICH COUNTY? _____

PROBATION/PAROLE OFFICER NAME: _____ PHONE: _____

CURRENT STATUS OF LEGAL ISSUES, COURT DATES, AND WHAT STATE ARE CHARGES IN?
_____
_____
_____

SUBSTANCE ABUSE HISTORY

	AGE OF FIRST USE	FREQUENCY OF USE	ROUTE OF ADMINISTRATION	DATE OF LAST USE	CURRENT USE (YES/NO)
Alcohol					
Amphetamine					
Methamphetamine					
Cocaine (powder)					
Cocaine (crack)					
Heroine					
Other IV Drugs					
Benzodiazepines					
Opiates					
Hallucinogens					
Cannabis/THC					
Methadone					
Barbituates					
Inhalants					
Steroids					
Nicotine					
Caffeine					
Other					

DRUG(S) OF CHOICE: _____

USED TO RELAX / HELP SLEEP? [ ] YES [ ] NO USE FOR ENERGY? [ ] YES [ ] NO
USE TO RELIEVE PHYSICAL PAIN [ ] YES [ ] RELIEVE EMOTIONAL PAIN? [ ] YES [ ] NO

PLEASE DESCRIBE LOSSES EXPERIENCED DUE TO ADDICTION: _____
_____
_____
_____

PERIOD OF VOLUNTARY ABSTINENCE: LONGEST _____ LAST _____

HAVE YOU ATTENDED NA OR AA? [ ] YES [ ] NO WHEN? _____

HAVE YOU COMPLETED THE 12 STEPS WITH A SPONSOR? [ ] YES [ ] NO

OTHER CURRENT OR PAST COMPULSIVE/ADDICTIVE BEHAVIORS (gambling, eating, sex, work, nicotine, etc.):

_____
_____
_____

TREATMENT / COUNSELING INFORMATION

HAVE YOU BEEN IN SUBSTANCE ABUSE OR MENTAL HEALTH TREATMENT BEFORE?
[ ] YES [ ] NO – IF SO, PLEASE GIVE US THE FOLLOWING INFORMATION:

FACILITY	FACILITY ADDRESS & PHONE #	WHEN / HOW LONG WAS THE TREATMENT	COMPLETED?

PLEASE LIST ANY DIAGNOSIS, MEDICATION PRESCRIBED, AND WHAT HELPED YOU MOST DURING TREATMENT AT THE FACILITIES MENTIONED ABOVE:

_____
_____
_____

DID THE TREATMENT OR MEDICATIONS WORK? WHY OR WHY NOT? WHAT WAS MISSING FROM TREATMENT THAT LEADS YOU TO NEED HELP AGAIN?

_____
_____
_____

FAMILY MENTAL HEALTH / SUBSTANCE ABUSE HISTORY

FAMILY MEMBER	PROBLEM / DIAGNOSIS	WHEN / HOW LONG?	CURRENT RELATIONSHIP?

CURRENTLY SEXUALLY ACTIVE? [ ] YES [ ] NO
AGE OF FIRST SEXUAL EXPERIENCE: _____CONSENTUAL? [ ] YES [ ] NO
SEXUAL PREFERENCE: [ ] MALE [ ] FEMALE [ ] BOTH

SPIRITUALITY

SPIRITUAL FAITH GROUP, IF ANY (Baptist, Pentecostal, Methodist, etc.):
_____

DO YOU BELIEVE IN GOD? [ ] YES [ ] NO RELATIONSHIP WITH GOD? [ ] YES [ ] NO
ANY SPIRITUAL ISSUES, PROBLEMS WITH GOD OR THE CHURCH AS YOU KNOW IT?
_____
_____

FEE SCHEDULE

ROOM FEES ARE DUE IN ADVANCE AND ARE NON-REFUNDABLE:
$100 PER WEEK IF YOU OWN A CAR AND TRANSPORT YOURSELF
$175 PER WEEK IF WE TRANSPORT YOU

WE ASK THAT YOU HAVE A FINANCIAL SPONSOR WHO CAN PAY FOR YOUR FEES, MEDICATIONS, AND OTHER PERSONAL NEEDS UNTIL YOU RECEIVE AN INCOME AND PAY YOURSELF (see attached promissory note).

Note: We provide transportation until you obtain a car (Mon – Fri 7 am – 5 pm). You are encouraged to find other rides from housemates, volunteers, church, or recovery friends or utilize Uber for shifts outside our driver schedule.

PROMISSORY NOTE

What is a financial sponsor? A sponsor has agreed by signing a Promissory Note to pay the Residential Fees due to Seek and Find Yourself, Inc. until the participant obtains full-time work. A sponsor also helps cover the resident's personal needs, including but not limited to medications, stamps, medical co-pays at our local medical clinics, hygiene items, etc.

By signing below, I understand that I will pay the above-mentioned fees unless other arrangements are made with staff.

APPLICANT OR SPONSOR NAME (PRINT): _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

SPONSOR SIGNATURE: _____ DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

PAYMENT ARRANGEMENT NOTES (Staff use only):

_____

_____

STAFF SIGNATURE: _____ DATE: _____