

EPC TRANSITIONAL HOUSING APPLICATION

Endorphin Power Company (EPC) has 18 dormitory-style transitional housing units available to help newly sober individuals stay sober and transition back into society. EPC is a therapeutic environment which stresses exercise, education, volunteerism and community as means of therapy. We provide a setting which enables newly sober individuals to replace their prior addictions with their own endorphins. (Endorphins, with a chemical structure similar to morphine, are often referred to as the “inner uppers” which get us “high” on life. Endorphin levels are raised through a range of activities including exercising, laughing and connecting with other people.)

EPC is not a “shelter,” “flop house” or “halfway house.” It is a community of people interested in helping individuals who truly want to overcome their addictions through physical activity, service and bonding with people, and who then will want to help others and “pay it forward.”

Our admissions committee includes existing residents as well as staff. Because such housing is a scarce commodity, the following application enables us to choose residents who are most likely to benefit from the EPC environment and experience. No answer provided on the following application results in absolute exclusion; however, lying on the application is grounds for rejection. In addition, prior volunteer work at EPC and in other settings, as well as a demonstrated commitment to remaining sober, does improve your likelihood for admission.

Lastly, because EPC is a nonprofit with limited funds, our housing is not free. The monthly housing cost is \$400 which includes utilities and full gym membership. Other expenses such as food and laundry are not included. If you do not have the financial means to pay EPC directly, we will guide you to outside agencies and providers who may be willing to help support you in your stay.

Whether or not you become a resident, we invite you to participate in current activities at EPC including yoga, running, dance, gardening, gym classes, computer use, 12-step programs, and others that will help in your recovery.

To apply to be a resident of EPC please complete the following form to the best of your ability. If you have questions regarding this application, please do not hesitate to ask any of our staff members for guidance.



EPC TRANSITIONAL HOUSING APPLICATION

Name of applicant: _____
Last First M.I.

List Other Names/Aliases you have used: _____

Current address: _____

Phone # where you can be reached: _____ Email address _____

DEMOGRAPHICAL INFORMATION

Sex: Male Female Date of Birth (Day/Month/Year): _____

Race/Ethnicity: _____ US Citizen: Yes No Social Security #: _____

Are you: Single Married Divorced Widowed

SOCIAL HISTORY

Do you have children? Yes No If yes, how many under 18? _____ Over 18? _____

Level of Education: High School/GED Some College College Graduate Other _____

Veteran: Yes No

Are you currently employed? Yes No

If yes: Occupation: _____ Employer: _____ Working Hours _____

If currently unemployed, date of last employment: _____

MEDICAL HISTORY

Have you ever been diagnosed with Tuberculosis? Yes No

Have you ever been diagnosed with Hepatitis C? Yes No

Have you been diagnosed with HIV/AIDS? Yes No

Current medical and/or mental health diagnoses: _____

Other Medical concerns/special needs/physical limitations _____:

Medications (prescription & over-the-counter): _____

Height: _____ Weight: _____

Do you smoke? Yes No

Do you exercise? Yes No

What type of exercise? _____ How often? _____

Physician's name: _____ Phone #: _____

Psychiatrist's name: _____ Phone #: _____

Counselor/Social worker's name: _____ Phone #: _____



ADDICTION HISTORY

What was your primary drug of choice? _____

Secondary? _____

When was your last use? _____

What is the longest period of time that you have been sober in the last:

1 yr? _____ 2 yrs? _____ 5 yrs? _____

Do you have any other addictions? Gambling Food Sex Other: _____

Have you completed a rehab program? Yes No

Amount of time spent in most recent rehab: _____ Date of completion: _____

Facility name(s): _____

Have you ever lived in transitional housing? Yes No

When? _____

Where? _____ Phone #: _____

Do you have a sponsor? Yes No

Name of sponsor: _____ Phone #: _____

LEGAL HISTORY

Have you ever been arrested? Yes No

If yes, how many times?: _____

Have you ever been convicted of a crime? Yes No

When? _____

What was the charge? _____

Have you ever been convicted of a sex crime? Yes No

When? _____

What was the charge? _____

Are you on parole? Yes No

If yes, until when? _____

Name of parole officer: _____ Phone #: _____

Are you on probation? Yes No

If yes, until when? _____

Name of probation officer: _____ Phone #: _____

Are you currently working with Children, Youth, & Family Development Svcs (CYFD)? Yes No

Do you have a Children's Social Worker? Yes No

If yes, what is his/her name? _____ Phone #: _____





How did you hear about EPC? _____

If you were referred by an agency or hospital, which one? _____

How will you pay for your stay at EPC? _____

How long do you wish to stay at EPC? Brief (3-6 months) Long (6-9months)

I certify to the best of my knowledge that the information provided above is accurate, true and correct; and I give permission to EPC staff to contact any individual listed above. I also give permission to EPC to perform a background check to confirm the accuracy and completeness of the information I have provided.

Signature

Printed Name

Date

-

Received by: _____ *Date:* _____

