RESIDENT APPLICATION

COOPERATIVE SOBER LIVING RESIDENCE (CLASS F)

Thank you for your interest in the House of Adjustments Discipleship Home at Glory Campus. We are a **CHRIST-CENTERED** faith-based recovery and residential discipleship community.

Glory Campus is a **cooperative sober living residence** (Class F, N.J.A.C. 5:27), under the New Jersey Department of Community Affairs, Bureau of Rooming and Boarding House Standards. The residence is operated by Minor Adjustments Group, Inc. Its residents share all household expenses equally, maintain an **alcohol- and drug-free environment**, and support one another in recovery. The residence is overseen by a **designated live-in operator who resides at the property full-time and is present overnight**, in accordance with Class F standards and the home's pending Class F license application. The live-in operator is responsible for the safety, security, and orderly operation of the home. The live-in operator is not clinical staff. It is **not a detox facility, clinical treatment center, or shelter**, and no clinical or treatment services are provided at the residence.

Please complete this application truthfully and thoroughly. Submitting this form does not guarantee house placement. Your application will be reviewed by Minor Adjustments Group, Inc. through its live-in operator, who interviews applicants, and placement is decided by the sponsoring organization. Residents have no vote or say in admissions.

*** Indicates required question.** Please print clearly. Leave no required question blank.

APPLICANT INFORMATION

1. Email Address *

2. First Name: *

3. Last Name: *

4. Present Address (Street, City, State, Zip & County) *

5. Date of Birth *

Example: January 7, 2019

APPLICANT INFORMATION (CONTINUED)

6. Cell / Home / Work Number (Where you can be reached) *

7. Marital Status *

☐ Married ☐ Never Married ☐ Separated ☐ Divorced ☐ Widowed

Mark only one.

8. Do you have children? *

☐ Yes ☐ No

Mark only one.

9. For which location are you applying? *

☐ Glory Campus — Male (Salem County)

Mark only one.

10. When would you like to move in? *

Example: January 7, 2019

11. If this is a future date, what is your reason for not moving in immediately?

MANDATORY REQUIREMENTS FOR RESIDENCY

12. Please read the following mandatory requirements for residency at the House of Adjustments. You must check the "I Agree" box for each requirement to certify that you understand and agree to abide by these terms. Check all that apply. *

- ☐ I agree to attend the Minor Adjustments Program once a week. — **I Agree**
- ☐ I agree to attend Recovery / Community support meetings. — **I Agree**
- ☐ I agree to submit to random Drug / Alcohol testing. — **I Agree**
- ☐ I agree to attend Sunday worship service at an approved church home. — **I Agree**
- ☐ I agree to be considerate and respectful to other residents. — **I Agree**
- ☐ I agree to do daily chores and keep my personal area clean. — **I Agree**
- ☐ I agree to participate in house meetings and respect the household curfews established by the live-in operator. — **I Agree**
- ☐ I understand that smoking, vaping, and all tobacco use are strictly prohibited. — **I Agree**
- ☐ I understand that this cooperative sober living residence is operated by Minor Adjustments Group, Inc. and is overseen by a designated live-in operator who resides at the property full-time and is present overnight, in accordance with Class F standards. The live-in operator is responsible for the safety, security, and orderly operation of the home. The live-in operator is not clinical staff, and no clinical treatment, medical oversight, or clinical monitoring is provided at the residence; the home therefore cannot accommodate individuals requiring structured on-site medical or clinical care. (MAT) — **I Agree**

COMMUNITY LIVING EXPERIENCE

13. Have you ever lived in a recovery residence or Oxford House before? *

☐ Yes ☐ No

Mark only one.

14. Please list the names and locations of all previous community-living houses:

_____

_____

15. Why did you leave these previous residences?

_____

_____

16. Do you have any outstanding financial or restorative obligations to previous peer recovery communities? *

☐ Yes ☐ No

Mark only one.

17. If “yes”, do you agree to repay any outstanding financial obligations to previous peer recovery communities?

☐ Yes ☐ No

Mark only one.

LIFE ISSUES DETAILS

18. Which of the following have you struggled with: *

☐ Problematic Drinking

☐ Substance-Use / Abuse Issues

☐ Sexual Addiction / Pornography

☐ Gambling

☐ Abuse / Domestic Violence

☐ Mental Illness

☐ Other: _____

Check all that apply.

LIFE ISSUES DETAILS (CONTINUED)

19. Date of your last drink?

Example: January 7, 2019

20. Date of your last drug use?

Example: January 7, 2019

21. How many times have you tried to overcome your life-debilitating issues?

22. When did you first enter recovery?

Example: January 7, 2019

23. When did you last attend a recovery program or support group meeting?

Example: January 7, 2019

24. How many support meetings or accountability activities do you currently attend each week?

25. Purpose for Requesting Discipleship or Peer Support Services *

ACCOUNTABILITY INFORMATION

26. Do You Have a Home Church? *

☐ Yes ☐ No ☐ Other: _____

Mark only one.

27. If Yes, What Is the Name of Your Church and Pastor?

_____

28. Do you have a mentor, sponsor, or accountability partner? *

☐ Yes ☐ No

Mark only one.

29. May we contact your mentor, sponsor, or accountability partner? *

☐ Yes ☐ No ☐ Don't Have One ☐ Other: _____

Mark only one.

30. Name and Phone Number of Your Mentor, Sponsor, or Accountability Partner:

_____

31. If we may not contact them, please explain why:

_____

_____

32. Living victorious at the House of Adjustments requires a commitment to a drug-free environment. Are you willing to submit to initial and random urine drug screens to help maintain the safety and integrity of the home? *

☐ Yes ☐ No ☐ Other: _____

Mark only one.

EMPLOYMENT INFORMATION

33. Are you currently employed? *

☐ Yes ☐ No

Mark only one.

34. If currently employed, please provide the following employer information: Employer Name, Employer Address, Employer Phone Number, Employer Email Address

35. How many hours do you typically work?

36. What is your typical work schedule?

37. What is your monthly job-related income right now?

38. If you are currently unemployed, what are your plans for obtaining employment?

39. Do you receive public assistance or other non-job-related income? *

☐ Yes ☐ No ☐ Other: _____

Mark only one.

40. If yes, please list your sources of other income.

41. What is your total monthly income?

42. Do you have Medicaid or Medicare? *

☐ Yes ☐ No ☐ Other: _____

Mark only one.

43. Are you a veteran, or do you have a family member who is or was one? *

☐ Yes ☐ No

Mark only one.

CRIMINAL BACKGROUND

These questions are designed to help us gain a broad understanding of your background. Please answer honestly. We may follow up with you to discuss your responses in more detail.

44. Have you ever been convicted of a violent crime? *

☐ Yes ☐ No

Mark only one.

45. If yes, please explain.

46. Have you ever been placed on Megan's Law List? *

☐ Yes ☐ No

Mark only one.

47. Have you ever been diagnosed with any psychiatric disorders? *

☐ Yes ☐ No ☐ Other: _____

Mark only one.

48. If yes, Please explain.

49. Are you currently taking any prescribed narcotic medications? *

☐ Yes ☐ No

Mark only one.

EMERGENCY CONTACTS

List three family members and/or friends.

50. Emergency Contact #1 — Name, Address, Telephone, Relationship *

51. Emergency Contact #2 — Name, Address, Telephone, Relationship

52. Emergency Contact #3 — Name, Address, Telephone, Relationship

AGREEMENT FOR PEER SUPPORT SERVICES AND CONFIDENTIALITY CONSENT

I understand that the House of Adjustments, operated by Minor Adjustments Group, Inc., a nonprofit 501(c)(3) organization, provides faith-based recovery coaching and external spiritual sponsorship for independent discipleship households.

I voluntarily consent to receive peer support services from Minor Adjustments Group, Inc., including services provided through the House of Adjustments program.

I understand that:

- Peer support services are non-clinical and are provided by individuals with lived recovery experience.
- Peer recovery support services may be provided virtually or in person, through individual peer support sessions or group sessions.

I further authorize Minor Adjustments Group, Inc. to use and share information related to my participation in peer support and recovery services only as necessary for voluntary external recovery coaching, spiritual mentorship, and organizational planning.

I understand that:

- My information is protected under HIPAA and 42 CFR Part 2.
- Information will not be disclosed without my consent except as permitted by law.
- This authorization expires one (1) year from the date signed, unless revoked earlier by me in writing.

RESIDENCE AGREEMENT (CONTINUED)

As part of my agreement to reside in this cooperative sober living residence, I acknowledge and agree to the following:

53. House of Adjustments prohibits the use or possession of alcohol, illegal drugs, nicotine products, psychotropic medications, and any non-prescribed or unauthorized medications. *

☐ Yes, I understand.

54. I understand that any use of alcohol or drugs results in immediate expulsion from the residence, and that the live-in operator holds final responsibility for safety and for enforcing the alcohol- and drug-free environment, including immediate expulsion for any use, to preserve the safety and sobriety of the family sanctuary and the alcohol- and drug-free environment of the residence. *

☐ Yes, I understand.

55. All residents share equal responsibility for household chores, cleanliness, and upkeep. Duties are assigned by the live-in operator. *

☐ Yes, I understand.

56. While the House of Adjustments does not charge traditional rent, all house members are required to contribute an Equal Expense Share (EES) — an equal share of the household's actual expenses — in the weekly cooperative house-share amount of $150. This contribution is due every Friday by 10:00 p.m. into the joint household bank account to cover shared rent, utilities, and domestic operating expenses. *

☐ Yes, I understand.

57. I acknowledge that I will receive and review the House of Adjustments policies, guidelines, and expectations. I agree to follow all policies and understand that failure to comply may result in disciplinary action, up to and including dismissal from the program. *

☐ Yes, I understand.

ATTESTATION AND PHOTO

58. Please enter your Full name and Today's date below to confirm that you have answered all questions honestly and have not knowingly falsified or omitted any information. *

Full Name (print) _____ Date _____

Signature _____

59. Please Upload a Recent Photo of Yourself Here. If you are unable to upload a photo, you may text it to 856-644-4553 along with your full name and a message letting us know that you have just completed the application. Thank you!

For office use: Application received and reviewed by the live-in operator on behalf of Minor Adjustments Group, Inc. Decision and date recorded by the operator.