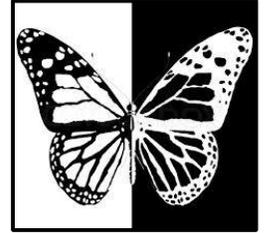


BUTTERFLY HOUSE RESIDENCY APPLICATION



ADMISSION CRITERIA

1. You must have sincere motivation to live a sober lifestyle and participate in a program of recovery.
2. You must be a female age 18 or older.
3. You must be employed full-time or eligible to become employed full-time.
4. You must have 2 forms of identification--photo ID and either birth certificate or social security card.
If you don't have the needed documents, you must have a plan and funding needed to get the identifying documents.
5. You must have no outstanding warrants.
6. Violent offenders or convicted sex offenders need not apply.
7. Detoxification from alcohol, illicit drugs or prescription narcotics must be completed before admit.

PROCESS FOR APPLICATION AND ADMISSION:

- **Fill out an application:** A PDF of the application can be printed from our website @ www.butterflyhousescf.org.
- or call (715) 417-1216 to apply by phone or request that an application be mailed or emailed to you.
- **Fax, email or mail the application:** Fax # (715) 483-2993 Mailing address: Butterfly House, PO Box 172, St. Croix Falls, WI 54024 Email address: butterflyhousescf@yahoo.com
- **Application is reviewed:** Applications will be reviewed promptly by our Advisory Board and you will be notified as soon as possible regarding eligibility and an admission date.

.....
Date of Application ____/____/____ *Application completed ____ by phone ____ in person ____ third party

CONTACT INFORMATION:

First, middle, last name: _____ Maiden name _____
Referral _____
Current Address _____ (or Homeless)
Current phone # _____ Date of birth ____/____/____
E-mail address _____

CHECK THE SITUATION THAT APPLIES TO YOU:

- I am currently in a treatment program @ _____ until ____/____/____
- I am currently incarcerated @ _____ until ____/____/____
- I am currently in a homeless shelter @ _____ until ____/____/____
- I am currently on probation for _____ in _____ county
- Probation officer name and contact information: _____
- I am currently out of jail on bond for _____ in _____ county
- I am married—Maiden name: _____
- I am single _____
- I am widowed _____
- I am separated/divorced _____
- I have experience attending 12 Step meetings _____
- I have (or have had) a recovery sponsor _____
- I am employed @ _____ since ____/____/____
- I have ____ children-age (s): _____
- I have legal issues pending (hearings, unresolved charges, etc.) _____

ALCOHOL AND OTHER DRUG USE

.....
"Drug(s) of choice" _____
Other drugs I have used: _____
Date of last use of illicit drugs: ____/____/____ Date of last use of alcohol: ____/____/____
Nicotine addiction? YES NO

Will you have funds to purchase cigarettes to support your habit upon admittance to Butterfly House? YES NO

Are you interested in quitting smoking? YES NO

How will you accomplish that? _____

.....
TREATMENT EXPERIENCE

Completed a drug and alcohol treatment program @ _____

Dates in program: _____

Did not complete treatment program @ _____

because _____

.....
MEDICATIONS

Current prescription medications: _____

Current non-prescription medications _____

Date last abused prescription medications (if applicable): ___/___/___

List abused medications here: _____

.....
CURRENT DIAGNOSIS:

Allergic to: _____

Depression-meds taken: _____

Anxiety-meds taken: _____

Schizophrenia-specify: _____

Bulimia/ Anorexia-specify: _____

Hepatitis A or B or C-specify: _____

Sleep Disorder/Sleep Apnea-specify: _____

Bipolar-meds taken: _____

Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder-meds taken: _____

Post-traumatic Stress Disorder-specify: _____

Chronic pain-meds taken: _____

Fibromyalgia-meds taken: _____

HIV or AIDS-specify: _____

.....
12 STEP MEETING EXPERIENCE:

_____ I am currently attending 12 step meetings

_____ I have attended 12 step meetings in the past

_____ I currently have a sponsor and meet with her regularly

_____ I have attempted to work with a sponsor in the past but have had difficulty because _____

_____ I have attempted to work the 12 steps in the past but have had difficulty because _____

.....
TREATMENT EXPERIENCE:

How many times have you been through "detox", either through a program or on your own? _____

List: _____

How many previous treatment experiences have you had, not including "detox"? _____

List: _____

Of these experiences, how many did you complete? _____

What was the reason for non-completion? (if applicable): _____

SPIRITUAL HEALTH AND SOCIAL EXPERIENCE:

Please rate your spiritual health:

- ____ Excellent
- ____ Good
- ____ Fair
- ____ Poor

List the qualities you look for in friendships: _____

Do you have friendships that fulfill the above expectations for you? ____ YES ____ NO

Do you have any close friends "in recovery"? ____ YES ____ NO

Explain how you have handled conflict resolution within a community setting such as your treatment program or recovery meeting:

Explain your perception of the difference between being social and having close friends: _____

Define the importance of fellowship and community in 12 step programs such as AA: _____

.....
LIST 4 GOALS YOU WOULD LIKE TO ACCOMPLISH:

- 1)
- 2)
- 3)
- 4)

.....

Term of stay at Butterfly House is 6 months. Among other things, you will be expected to work a full time job, attend daily 12 Step meetings, meet with your sponsor regularly to work the steps of a 12 step program, perform regular community service, participate in the maintenance of Butterfly House, attend house meetings, and maintain a respectful attitude towards other residents and staff. Please tell us briefly why you want to live at Butterfly House.

.....
"PLAN B"

If you are asked to leave the Butterfly House due to misconduct, what is your "Plan B"? Do you have a safe place where you can go, if you are asked to leave? **Yes** **No**

If no, what is your plan? _____

Where: _____

Contact information: _____

Is there an agreement in place between both parties concerning Plan B? **Yes** **No**

***FYI:** If you are on probation, under a mental health commitment, under court-order, or out-of-jail on bond, your "safe place" is probably in jail.

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STAFF USE ONLY

Admit Date ____/____/____

Scheduled depart date ____/____/____

Actual Departure Date ____/____/____

If resident left earlier than contracted, was written notice given at least one week before early departure? Yes No

If no, why not? _____

Income at admittance \$ _____/week

Income at departure \$ _____/week

Reason for departure (completed program, non-compliance with rules, voluntary, etc.):

