

Project SOAR Resident Application Form

Property

Applicant information

Thank you for your interest in becoming a resident of Project SOAR Recovery Residences! Since 2010, Project SOAR Recovery Residences has provided transitional supportive housing for men in the South Florida area. Our primary goal is to provide a clean, safe, sober, and responsible environment to recovering alcohol and/or substance abusers which will, in turn, support recovery. As a state certified recovery residence through the Florida Association of Recovery Residences (FARR), and a member of the National Alliance of Recovery Residences, we are committed to only accepting those individuals who are serious about their recovery.

If you require assistance with completing this admissions application please contact a Program Specialist at 954-900-9980 extension 0 OR LiveChat with a representative 24/7 via our website at www.projectsoar.us OR contact us via e-mail at info@projectsoar.us. We'd be happy to help!

Resident Name*

First Name

Last Name

Resident Social Security Number*

I understand Project SOAR is a male only recovery program*

Yes No

Resident Date of Birth*

Drivers license/ID number

State / Province

Resident Current Address*

Country

Street address

City

State

Zip code

Resident E-mail

Resident Cell Phone

Emergency contact name*

First Name

Last Name

Emergency contact phone*

Emergency contact relationship*

Emergency contact email*

Are you a prior Project SOAR Resident?*

Yes No

Are you a veteran?*

Yes No

Are you a registered sex offender?*

Yes No

Are you on probation or parole?*

Yes No

Do you have a substance abuse disorder (alcohol or drugs)?*

Yes No

How did you hear about us?*

Who is completing this application?*

Is this a GEO Group Referred Applicant?*

Yes No

Eligibility

Our primary admissions requirement is a desire to live a life free from drug and alcohol abuse. You must be at least 18 years of age or older, employed, seeking employment, collecting benefits, enrolled in or awaiting enrollment in an educational or job training program, possess a desire to transition into permanent housing, be able to participate in and contribute to communal living and demonstrate a strong commitment to ongoing personal recovery.

We accept any substance abuser who asks for help, with a few exceptions. Project SOAR admissions material states that the program does not discriminate or deny admission on the basis of ethnic group identification, national origin, religion, age, gender, race, color or any type of disability. Project SOAR also prohibits discrimination on the basis of sexual orientation, gender identity, and gender expression. We are committed to fostering a diverse community that provides a safe and secure environment for all.

Do you meet our eligibility guidelines?*

Yes No

Program Requirements

Complete a 12-step program

Regularly attend AA/NA Meetings

Submit to a drug and/or alcohol screen upon demand

Do you agree to abide by the above listed requirements and the Resident Handbook?*

Yes No

Resident Handbook

The goal of Project SOAR Recovery Residences 12-Step Program is to provide a safe, sober, and responsible environment to recovering alcohol and substance abusers which in turn, will support recovery. The information contained in our Resident Handbook will serve to introduce each new resident or prospective resident to our community, staff and our expectations in terms of rules and responsibilities. The rules outlined in our handbook have been created to ensure each resident develops self-discipline, accountability, responsibility and respect. Please carefully review each page of our Resident Handbook by clicking the link below. In order for your Admissions Application to be considered you must acknowledge below that you have reviewed the handbook in its entirety and fully understand the contents of the entire handbook. If you have any questions, you may reach a Program Specialist 24/7 by visiting our website and initiating a LiveChat OR by calling us at 954-900-9980 extension 0.

Access Our Resident Handbook On Our Website

I confirm that I have read and understand every section of the Resident Handbook*

Yes No

I confirm that I have had the opportunity to ask any questions or seek clarification regarding the policies, rules and expectations of Project SOAR's 12-Step Recovery Program, all of which are clearly outlined in the Resident Handbook*

Yes No

Program Fee Disclosure/Financial Agreement

Rent is based on a sliding scale and is dependent on which community you are placed at. We offer semi-private and private units that range in price from \$110.00 to \$155.00 per week. In addition to rent, there is a one-time processing fee of \$150.00 which is due upon move-in for all residents. Project SOAR has partnered with PayNearMe which allows residents to pay their rent with cash at participating CVS, 7-Eleven and other convenient merchants in Fort Lauderdale! In addition, residents and their family/loved ones may also pay their rent via:

- 1) Credit/Debit Card via Resident Portal (2.95% Fee) ****Must have E-Mail Address****
- 2) Cash via PayNearMe System (\$3.99 Fee)

Residents must submit their email address to Project SOAR in order for us to activate their resident portal account. Once we receive your email address, an invitation will be sent via email to set up their account and create a password. If the resident does not have an email address, they will be required to pay their rent via cash with the PayNearMe system. If a residents family member/loved one has an email address, the resident may, with the permission of that person, use their email address to create their account.

Prospective residents, family and/or referral sources are expected to arrange funding prior to admission. Please know we do not offer any refunds.

Project SOAR requires that the residents first rent and processing fee payment be made with a money order at the time of admission. Are you able to obtain a money order for your first rent payment and processing fee?*

Yes No

Do you have the ability to pay at least 1 weeks rent and processing fee at the time admission?*

Yes No

Are you able to pay your rent via one of the (2) available payment methods as described above?*

Yes No

Project SOAR maintains a NO REFUND POLICY on all application processing fees and rent payments. Do you understand and agree to this policy?*

Yes No

Zero Tolerance Drug/Alcohol Use Policy

Project SOAR Recovery Residences maintains a strict, zero tolerance policy for drug and/or alcohol use. Should you be selected for placement at one of our residential communities, all residents are required to submit to a drug and/or alcohol screening upon demand. This keeps the living environment safe and substance free for all of our residents. Failure to provide a drug or alcohol screening upon demand is grounds for immediate discharge.

Do you agree to submit to a drug and/or alcohol screening upon being admitted into our program?*

Yes No

Do you agree to random alcohol and drug screening while you are a resident with Project SOAR?*

Yes No

Do you agree to immediately leave Project SOAR should you test positive or refuse to provide a drug/alcohol sample?*

Yes No

Employment History

Please provide your most recent/current employer below.

Employer name

Employer address

Country

Street address

City

State

Zip code

Employer phone number

Employer email

Position held

Employment dates

MM/DD/YYYY

MM/DD/YYYY

Monthly gross salary

Supervisor name

First Name

Last Name

Supervisor title

Medical History

Project SOAR Recovery Residences will never disclose, give, sell or transfer any personal information about our residents or prospective residents, unless specifically required for law enforcement or statute reasons. We have a responsibility to strictly adhere to protecting the security and confidentiality of our resident's personal and health

information. For additional information, please visit our website at www.projectsoar.us/legal-and-privacy

Are you presently hospitalized?*

Yes No

If hospitalized, what was the reason for you being admitted?

Do you have a history of mental health issues? If yes, please explain.*

If you have a mental health diagnosis, explain what a bad day is like?

Do you have a history of alcohol and/or substance abuse? If yes, please explain.*

When is the last time you used either alcohol or drugs?*

If you used alcohol or drugs within the last 90 days, what did you use?

Do you have any physical impairments/disabilities or special needs that we should be made aware of? If so, please explain.*

Are you currently prescribed any medications?*

Yes No

If yes, please list all medications here:

Do you manage your medications as prescribed?*

Yes No

Do you have health insurance?*

Yes No

Health insurance provider name

Health insurance member ID

Are you currently involved with an Outpatient Program?*

Yes No

If not, would you benefit from an Outpatient Program?

Yes No

Finances

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What is your primary source of income?*

If your primary source of income is social security, do you currently have a payee?

Do you manage your money wisely?*

Yes No

What is your monthly income?*

Family

Project SOAR Recovery Residences will never disclose, give, sell or transfer any personal information about our residents or prospective residents, unless specifically required for law enforcement or statute reasons. We have a responsibility to strictly adhere to protecting the security and confidentiality of our resident's personal and health information.

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Do you have family support?*

Yes No

How often do you have contact with your family?*

Case Manager/Payee Information

If you currently have a Case Manager or Payee please provide their information below. If not, please skip this section.

Name

First Name

Last Name

Relationship

Phone number

E-mail

Case Manager/Payee Information 2

If you currently have a Case Manager or Payee please provide their information below. If not, please skip this section.

Name

First Name

Last Name

Relationship

Phone number

E-mail

Case Manager/Payee Information 3

If you currently have a Case Manager or Payee please provide their information below. If not, please skip this section.

Name

First Name

Last Name

Relationship

Phone number

E-mail

Resources

Please help us understand a bit more about your current situation.

Do you have enough clothing?*

Yes No

Do you have a cell phone?*

Yes No

Do you currently smoke tobacco?*

Yes No

Do you currently have a food card?*

Yes No

If you have a food card, how much do you receive each month and how much is left for the remainder of this month?

Do you currently have a bus pass?*

Yes No

Move-In

Our flagship recovery community located at 1231-1235 NE 15th Ave in Fort Lauderdale, Florida is an ideal location. It is a close walk to meetings, employment opportunities and shopping. In addition, we have other locations throughout Broward County that have been providing a safe, clean and sober living environment to our residents for over ten years.

Please select two communities that you have a preference of being placed at and notate them below. For a complete list of our communities please visit our website

Desired move-in date*

#1 Preferred Community*

Country

Street address

City

State

Zip code

#2 Preferred Community

Country

Street address

City

State

Zip code

Terms and Conditions

Once your application is received a member of our Admissions team will review your information and partner with our Operations Manager in an effort to determine if you'd be a good fit for our recovery program. This process typically takes 1 business day or less (we strive to respond within a few hours if your application is submitted during office hours). For an update please give us a call at 954-900-9980 extension 0 or LiveChat with a representative 24/7 via our website at www.projectsoar.us

IMPORTANT NOTICE: By submitting this application, I declare that all statements above are true and correct and to the best of my knowledge. Further, I consent and give permission for Project SOAR INC and its representatives to contact my previous AND/OR current employer/case manager/family for verification purposes of information provided in this application. I agree that Project SOAR INC may terminate my agreement entered into in reliance on any misstatement made above and further agree that should any misrepresentation on my application be discovered after I am accepted into the program, my removal from the program will not be disputed and I agree to leave voluntarily.

Agreed to*

Agreed by*

By submitting this application I am giving Project SOAR Recovery Residences permission to run a background check on myself and any cosigners.