



# Housing Application

**\*\*\*All fields MUST be filled out thoroughly for your application to be considered.\*\*\*  
\*\*\*This application is to be downloaded, completed, and sent to [intake@hazelbrook.org](mailto:intake@hazelbrook.org)\*\*\***

Full Name (DOC# if Applicable): \_\_\_\_\_

Disclosure: Do you authorize the release of P-Codes?  Yes  No

Date of Birth: \_\_\_\_\_

Parole Eligibility Date (PED)? \_\_\_\_\_ Mandatory Release Date (MRD)?

\_\_\_\_\_ County to parole to?  
\_\_\_\_\_ Please list **ALL**

Substances used: \_\_\_\_\_

Current Convictions? Please describe: \_\_\_\_\_

\_\_\_\_\_

Prior Criminal Convictions? Please describe.  Yes  No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you in the past committed a sexual related crime? Please describe. \_\_\_\_\_

\_\_\_\_\_

Do you identify as transgender?  Yes  No

Are you required to register as a sex offender?  Yes  No

Have you had any arson related convictions?  Yes  No

Hep C Tested  Yes  No |  Positive  Negative

HIV Tested  Yes  No |  Positive  Negative

TB Tested  Yes  No |  Positive  Negative

Name and Contact info of PO or Case Manager if any:

\_\_\_\_\_

\_\_\_\_\_



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Have you ever been diagnosed with a mental health issue?  Yes  No

Please list your diagnosis and describe needs, severity, limitations in detail so we may best address your needs. *(Please know, while we understand mental health needs are common, we are not equipped to deal with severe mental health needs. If your mental health status is deemed beyond our scope of care or detrimental to others at any point you will be referred to the appropriate resources.)*

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List all medications being taken: \_\_\_\_\_

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Do you have any physical limitations such as unable to navigate stairs, bathe yourself, bathroom needs, etc.?  Yes  No If yes, please describe. \_\_\_\_\_

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Please describe why you want to be in a sober living program: \_\_\_\_\_

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List three goals you hope to accomplish while living in Hazelbrook Sober Living program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please describe past issues with substance abuse: \_\_\_\_\_

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What barriers do you anticipate to sustain sobriety? \_\_\_\_\_

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What are some of your triggers that have led you to use drugs/alcohol previously? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Hazelbrook is a sober living program where you will be required to abstain from ALL drugs and alcohol, monitored for sobriety, participate in recovery meetings, follow rules, adhere to a curfew, and be a POSITIVE participant in a group living environment type of setting. If you decide to not do these things, you will be discharged. Do you understand and agree to this?  Yes  No

Hazelbrook Sober Living is a paid program. The cost is listed below. (Check the location you desire.)

<input type="checkbox"/> <b>Denver Metro:</b> \$845/month OR \$225/week	<input type="checkbox"/> <b>Colorado Springs:</b> \$700/month OR \$180/week	<input type="checkbox"/> <b>Pueblo:</b> \$650/month OR \$175/week
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There is also a \$30/month supply fee and there is a one-time non-refundable intake fee of \$150. Program fees are due for the week or month ahead. (If you are accepted, \$150 intake fee must be paid to hold a bed for you and for an acceptance letter to be provided.) While there are several organizations that may be able to assist you with fees, it is ultimately YOUR RESPONSIBILITY to make these arrangements and make sure your fees are paid. Failure to pay program dues on time will lead to discharge from the program. Do you understand and agree to this?  Yes  No

Who will be paying for your sober living program? \_\_\_\_\_

Are you able to work at least 30 hours per a week?  Yes  No

If no, please explain why you cannot work: \_\_\_\_\_

Do you have your social security card, Colorado ID or Birth Certificate?  Yes  No

Have you been referred to any WAGEES program?  Yes  No

Have you applied to any other sober living program or WAGEES program?  Yes  No

If yes, please explain: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**For quickest response, please complete and e-mail to [intake@Hazelbrook.org](mailto:intake@Hazelbrook.org).**

**\*\*\*If approved, Hazelbrook Intake requires a 2-week notification of release via email to [intake@Hazelbrook.org](mailto:intake@Hazelbrook.org).\*\*\***