



## On Higher Ground A Transition House

715 Emeline Avenue Santa Cruz CA 95060 – (831) 345-2303

### **CLEAN LIVING ENVIRONMENT**

This On Higher Ground (OHG) Clean Living Environment (CLE) has been set up by the Community Housing Land Trust of Santa Cruz County, Inc. to provide a safe, transition environment for those in the early stages or recovery that have an earnest desire to develop a new way to live and re-enter society.

This House is shared living space located close to bus lines and downtown. OHG requires a deposit of \$400.00 and the first months' rent of \$550.00 plus \$50.00 utilities prior to occupancy, a total of \$1,000.00 to move in.

The main objective is to encourage and support the recovery trajectory of its residents. We believe this objective is best achieved in an environment where individuals with similar needs and goals can lend mutual support to one another. Residents live together as a "family" sharing the privileges and responsibilities of the household.

To participate in the House, complete the attached application and return it to us. The OHG Staff and House Manager will review your application for compatibility and you will be notified if there are any vacancies, and/or to set up a convenient time for an interview. You must provide a contact phone number for us to contact you.

The standards and guidelines of this House are structured yet simple. They are to be rigorously adhered to or residency will be swiftly terminated:

- 1) No use of alcohol, drugs or other abused substances
- 2) Residents are expected to have a sponsor and be actively participating in a Twelve Step Program
- 3) No violence, threats of violence or overtly anti-social behavior
- 4) No weapons of any kind
- 5) Guests are welcome for short periods; however, no over-night guests and no guests under the influence
- 6) Fees must be paid on time

Thank you for your interest.

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## CLEAN LIVING APPLICATION

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

S. S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

TELEPHONE NUMBER WHERE YOU CAN BE REACHED: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_

ARE YOU A RESIDENT OF SANTA CRUZ COUNTY? \_\_\_\_\_

IF RESIDENT HOW LONG? \_\_\_\_\_

HAVE YOU COMPLETED A TREATMENT PROGRAM? \_\_\_\_\_

NAME OF PROGRAM: \_\_\_\_\_

DAY/TIME YOU ATTEND AFTERCARE: \_\_\_\_\_

PLEASE PROVIDE TWO REFERENCES:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

ARE YOU A VETERAN: \_\_\_\_\_ BRANCH: \_\_\_\_\_

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Who to call in case of Emergency:

Name: \_\_\_\_\_ relation: \_\_\_\_\_

Tel: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ relation: \_\_\_\_\_

Tel: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## **ABOUT THE OHG CLEAN LIVING ENVIRONMENT**

The OHG Clean Living Environment is intended for people who are committed to recovery. All applicants **MUST** have an ability to pay a deposit and fees for a shared room. OHG Staff or the House Manager will interview prospective persons for compatibility.

**THE TENANT UNDERSTANDS THE SPECIAL NATURE AND PURPOSE OF THIS RESIDENCE AS A "SOBER RESIDENCY". THE TENANT THEREFORE UNDERTAKES THE OBLIGATION TO REFRAIN FROM ANY USE OF ALCOHOL OR ANY OTHER NONPRESCRIBED DRUG WHILE A RESIDENT AT THE OHG PROJECT AND UNDERSTANDS THAT ABSTINENCE FROM ALCOHOL OR ANY OTHER NON-PRESCRIBED DRUG IS A LAWFUL AND MATERIAL OBLIGATION AND COVENANT OF HER/HIS TENANCY. THE TENANT UNDERSTANDS AND AGREES THAT USE OF ALCOHOL OR OTHER NON-PRESCRIBED DRUG WILL BE CONSIDERED A VIOLATION OF A LAWFUL COVENANT OF TENANCY AND IS CAUSE FOR TERMINATION OF TENANTS RENTAL AGREEMENT AND EVICTION UNDER PERTINENT STATUTORY AUTHORITY."**

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## FINANCIAL STATEMENT

PRESENT EMPLOYER: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION \_\_\_\_\_

IF UNEMPLOYED, HOW DO YOU SUPPORT YOURSELF? \_\_\_\_\_

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

IF SELF EMPLOYED, TYPE OF BUSINESS: \_\_\_\_\_

INCOME FOR LAST TWELVE (12) MONTHS \_\_\_\_\_

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## INCOME STATEMENT

These questions are so OHG Staff can understand your ability to make monthly rent payments.

SALARY/WAGES (per month) \_\_\_\_\_

SELF-EMPLOYMENT \_\_\_\_\_

UNEMPLOYMENT \_\_\_\_\_

GENERAL ASSISTANCE \_\_\_\_\_

FOOD STAMPS \_\_\_\_\_

SOCIAL SECURITY INSURANCE (SSI) \_\_\_\_\_

STATE DISABILITY INSURANCE (SDI) \_\_\_\_\_

V.A. BENEFITS \_\_\_\_\_

ALIMONY/CHILD SUPPORT \_\_\_\_\_

OTHER: \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \_\_\_\_\_

CHECKING ACCOUNT – BANK AND BRANCH \_\_\_\_\_

SAVINGS ACCOUNT – BANK AND BRANCH \_\_\_\_\_

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Please explain in your own words how you plan to organize your finances in order to pay your rental fees on time:

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## TELL US ABOUT YOU

1. Give a brief description of your current life in recovery and your short-term goals:

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2. What is your current schedule? Give a brief description of how you fill your time. Include any variations that might affect other residents in the house (i.e. work graveyard):

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3. Do you have any objections or preferences to shared housing? (For example: your cleaning habits, cooking arrangements, noise levels, allergies, snoring, smoking, etc.):

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4. What do you expect to get from living in CLE?

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5. What do you feel the difficulty will be living in a CLE?

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6. Do you have any interests or hobbies:

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7. Have you ever been Clean before? \_\_\_\_\_  
How long \_\_\_\_\_

8. What are your symptoms of relapse?

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9. Legal Matters, upcoming court dates and/or criminal history:

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10. Do you have any physical injuries or limitations we need to know about?

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11. Are you taking any medications?

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12. What are your drugs of choice?

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13. Date of last Use? \_\_\_\_\_

14. Referred To Us By? \_\_\_\_\_

15. Have you lived at a Clean Living Home before? \_\_\_\_\_  
Where/When \_\_\_\_\_  
\_\_\_\_\_

16. Have you ever been homeless?  
Where/When \_\_\_\_\_  
\_\_\_\_\_

17. Have you ever utilized any homeless services?  
Where/When \_\_\_\_\_  
\_\_\_\_\_

18. If you are or were homeless, why did you become homeless?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. How can we help you in your recovery?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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MY SIGNATURE INDICATES THAT I WILL ADHERE TO RULES

SIGNATURE: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## BACKGROUND INFORMATION

1. How old were you when you first used drugs/drank/abused substances?

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

2. Have you ever been in a Drug/Alcohol Treatment Center? When?

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

3. Have you ever been to jail/prison? When, for what and how many times?

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

4. Are you currently on parole or probation? \_\_\_\_\_

5. What is your highest level of education?

- Grade School 1-12  
 High School Graduate  
 GED  
 College/University

6. Have you ever been ARRESTED for a sex crime or arson?

YES \_\_\_\_\_ NO \_\_\_\_\_

7. Where did you live in before moving here? (City/State)

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

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8. Are you employed? Interested in other types of work?

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9. What is your transportation? Do you have Valid California Drivers License?

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10. What is your source of income?

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11. Check ONE: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_

Current status with partner:

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12. Have you ever received any DUI's or DWI's? Yes \_\_\_ No \_\_\_

If yes, how many? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_

13. What kind of problems has drinking and/or drug use caused you?

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14. Do you have any problems with rules or authority?

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15. Are you prejudiced towards any group or race?

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16. What kind of medical problems (physical or emotional) do we need to know about you?

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17. Have you ever considered suicide? No \_\_\_\_\_ Yes \_\_\_\_\_  
If so, how long ago \_\_\_\_\_

18. Will you agree and sign a no harm contract with staff?  
Yes \_\_\_\_\_ No \_\_\_\_\_

19. Are you willing to submit to random drug testing?  
Yes \_\_\_\_\_ No \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE:

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**FOR OFFICE USE ONLY**

Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CONDITIONS OF ENTRY:

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