



3726 E. Hampton St., Tucson, AZ 85716
Phone (520) 319-1109 Fax (520)319-7013

Exodus Community Services Inc. exists for the sole purpose of providing men and women in recovery from addiction with safe, drug and alcohol free, twelve-step oriented environments in an effort to provide each client with care and structure necessary to develop and learn the life skills essential for transition to independent living.

Admission Requirements:

1. Willing to obtain employment unless on SSI or SSD (before SSI or SSD approval one must pay fees)
2. No history of sex crimes or arson
3. Willing to work your recovery program
4. Willing to follow all house rules, curfew and meeting requirements
5. 90 day commitment
6. Addict or alcoholic by admission

Program fees are \$105.00 to \$115.00 a week, or \$365 to \$415 a month (subject to change). This is a home environment, not an institution. Residents of Exodus cook for themselves and, if indigent, have access to food in the house. We provide bedding, telephone, and laundry facilities. Bus stops are convenient and close. We offer a referral base for job assistance and discount bus passes.

Enclosed with this letter you will find a copy of our Client Contract and Lodging Agreement and our Resident Application form.

TO APPLY YOU MUST:

1. **Complete these forms in their entirety and write a letter of introduction (Bio-letter) telling us about yourself on the last 2 pages.**
2. **You must answer every question. If the question does NOT pertain to you, please insert "N/A" for not applicable to you. Remember that your application will be held up without the completion of the Bio-letter. Fill out the application completely.**
You must include the name and fax number of your caseworker if applicable.

There are several ways to submit your application:

Mail: 3726 E. Hampton St., Tucson, AZ 85716
Fax: (520)319-7013
Email: intake@exodushelps.org

For administrative queries, send email to:

moses.gonzalez@exodushelps.org

If you are in the Arizona Department of Corrections, we are approved to house parole releases. We will approve county jail inmates also. **Case Managers will work individually for those on SSI and SSD.**

If you are on SSI or SSD you may be required to paid one week programs fees in advance of acceptance into the program. Discuss with intake coordinator.

If you have any questions or if we can be of assistance to you, please call. **Don't forget to complete the last 2 pages!**
Intake Coordinator (520) 282-9782

Download applications at <http://www.exoduscommunity.net/>



Resident Application (07-27-17)

You are required to write a brief bio letter at the end of this application. We want to know who you are, where you came from, and where you want to go in life. This section is required to process application. If you have trouble writing, get help, or let us know.

Name: _____ Case/DOC#/: _____ Today's Date: _____

Date of Birth: _____ Age: ___ Last4 SS#: ___ **Circle One:** Single Married Divorced Separated Widowed

Identification: **(Circle)** Driver's License AZ ID Card DD-214 SS Card Birth Certificate Tribal Other: _____

Gender: **(Circle)** Male Female Ethnicity _____ Are you pregnant **YES NO** Veteran **YES NO**

Current Contact Phone _____ How did you hear about our program? _____

Are you receiving county, state, or federal benefits? **YES NO** What? _____ Why? _____

Have you ever received county, state, or federal benefits? **YES NO** What? _____ Why? _____

Current Living Situation **(Circle One)** Homeless Shelter Detox Jail/Prison Rental Housing Transitional Living Hospital DV Shelter Family Other _____ Name of current contact: _____

Current address: _____

Are you in the process of family reunification? **YES NO** Explain: _____

Do you have children? **YES NO** Ages: _____ Sex: _____ Are you paying child support? **YES NO** How much? _____

Where did you grow up? _____ Do you have financial support for fees? **YES NO**

In case of emergency notify: Name _____ Relationship _____

Phone () _____ Address _____ City _____ State _____

When I leave the program forward my mail to: _____

Are you willing (**YES NO**) and capable (**YES NO**) of working 40 hours a week of gainful employment?

ALCOHOL AND DRUG USE (if any)					
Substance	Frequency of Use	Age First Used	Date Last Used	Route (oral, smoke, inhaled, injected, other)	Other Drugs Used
Alcohol					
Marijuana					
Methamphetamine					
Heroin					
Cocaine					

Drug of Choice: _____

List names and dates of all treatment programs, outpatient programs, shelters, domestic violence shelters, and halfway houses attended. (Be specific) _____

Are you willing to detox if needed? **YES NO** Have you ever attended addiction support groups? **YES NO** How long? _____

Are you willing to attend three 12 step or SMART Recovery meetings a week? **YES NO**

If attending a 12 Step Group, are you willing to work with a 12-step sponsor each week? **YES NO**

How many attempts have you made to get clean and sober in the past? ___ Most clean/sober time attained? _____

EMPLOYMENT HISTORY (List Most Recent Employer First - Do NOT List DOC Employment)						
Employer Name	Phone	Date Started	Date Ended	Position	Supervisor Name	Hourly Pay Rate

EDUCATION HISTORY

Highest Grade Completed _____ Education Completed (**Circle all that apply**) High School GED Vocational School Junior College University Other _____

School or other formal training from age 14 (e.g. high school, technical school, apprenticeships, on-the-job training, computer, etc)

Name and Place	From (Year)	To (Year)	Certificates, Diplomas Obtained	Type or Main Subject

HOUSING HISTORY

Prior Living Situation	Pay Rent	Where	When (Start – End Date)	How Long
	Y N			
	Y N			
	Y N			
	Y N			
	Y N			

REASONS FOR LEAVING PRIOR HOUSING BEFORE INCARCERATION (Circle all that apply)

Substance Abuse	Discharged	Parole/Probation Violation
Marital Separation	Non-payment of rent/occupancy charge	Destruction of property
Loss of Employment	Non-compliance with housing authority	Arrested
Completed Program	Criminal activity/ violence	Other: _____
Explain: _____		

BRIEF MEDICAL HISTORY

Are you under physician’s care? **YES NO** If yes, why? _____

Dr. Name: _____ Phone: _____ Agency: _____

List ALL Medications Prescribed: _____

_____ Will your doctor prepare a work release letter? **YES NO**

List all past and current physical medical issues: _____

List all past and current psychiatric encounters: _____

Are you under the care of a behavior health facility: **YES NO** Agency Name _____ How long? _____

Have you ever attempted suicide? **YES NO** If yes, explain: Date: _____ Where: _____

Circumstances: _____

Are you a survivor of sexual assault, domestic violence, or stalking? **YES NO** Explain: _____

Caseworker/Doctor Name: _____ Phone: _____ Diagnosis: _____

LEGAL HISTORY (if any)

Do you have current charges? **YES NO** If yes, what? _____ If yes, next court date: _____

Are you a parole violator? **YES NO** Reason for Violation: _____ Anticipated Release Date: _____

Are you on supervision? (Circle One) IPS Direct Regular Parole Fed Probation No Supervision Agency: _____

PO Name _____ Phone: _____ Office Location _____

Do you have court fines? **YES NO** How much? _____ Do you have community service? **YES NO** How Many Hours? _____

Have you ever been arrested for any sex crimes? **YES NO** If yes, Explain: _____

List all arrests, convictions, sentences, prior prison or jail commitments, and probation history. (list places and dates – use blank paper if needed)

VERIFICATION

