



Resident Application

New Beginnings Home for Men (NB) and Marjorie Oakley Home for Women (MOH) are faith-based, Level III Substance Use Recovery Residences operated by Recovery Group of Southern West Virginia, Inc. (RGSWV). Each residence offers up to 18 months of recovery support, structured in three phases that residents must complete to graduate. We only accept residents who are not taking Suboxone, Subutex, Sublocade, or Methadone, except for those who have received a single dose of Sublocade or Brixadi (no ongoing shots or MAT will be provided; you must be able to remain abstinent without further MAT). Vivitrol is the only MAT support for ongoing use. We do not accept applicants with violent felonies or sex offenses.

General Information

First Name Middle Name Last Name

Mailing Address City State Zip County

Location of Current Residence: _____

Details: _____

Phone Number: _____ Race, Ethnicity: _____ Gender _____

Level of Current Supervision: Parole Probation Home Conf. Bond Other: _____

Supervisor (i.e. Prob/Parole/Home Conf. Officer): _____

Counselor/Attorney: _____ Sentencing Judge: _____

Emergency Contact

Name Phone No. Relation

Address City State Zip

Driver's License/ID Information

Type ID#

Social Security Number Date of Birth

Birth Certificate: Yes No

Soc. Sec. Card: Yes No

GED/Diploma: Yes No



Medical Card: Yes No
EBT Snap: Yes No

Legal History

Do you have a current felony conviction for which you are being referred? (This must be your **current** charge).
 Yes No

Explain: _____

List previous legal charges of which you have been convicted:

List and describe any and all past conviction(s) that are violent in nature:

Drug History

What is your primary drug of choice? Second? Third?

Describe history of use (first use, last use, amount/frequency, route of administration):

Describe your longest amount of sobriety (incarcerated vs. unsupervised, age, length of time, medically assisted):

List and describe prior substance abuse treatment:



Personal sobriety date: _____

Are you currently experiencing any symptoms of withdrawal? Yes No

Medical History

Please list and describe any significant medical issues at this time:

Please list any current medications and list any medications that you have used/have had prescribed in the past 30 days:

Mental Health History

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

Describe past and present symptoms pertaining to each reported diagnosis:

Have you ever received mental health treatment? Yes No

List and describe. (where, when, duration, prescriptions provided):

Have you ever experienced any thoughts, plans, or taken action to hurt yourself or someone else? Yes No

Explain: _____

Commitment to Change

Please explain your motivation for treatment at this time:

What help do you believe you need at this point in your recovery?



Why are you interested in receiving treatment from Directions of the Southwestern Regional Day Report Center and the Recovery Group of Southern WV?

Are you committed to participating in a residential treatment program for 8 to 12 months? Yes No

Explain:

Support

Please describe any form of support (mental, emotional, financial, spiritual) that you will have at this time and any support you believe you will have after completing the program.

Do you have a sponsor, home group, or a connection to the greater recovery community?

Spiritual/Religious Preference

Do you agree to participate in a Christian based community? Yes No

Are you spiritual? Yes No

Explain: _____

Other

Occupations: _____

Do you have a current source of income? (i.e. Pension, Retirement, Disability, SSI, etc.) Yes No

Details: _____

Are you a Veteran? Yes No

Details: _____