

# Transformation House For Women



20 Division Street  
North Attleboro, MA  
02760  
Office phone: Ellen Dee (508) 316-0052  
Admissions: Mike Wilson (978) 434-1356

## APPLICATION FOR HOUSE MEMBERSHIP

I hereby apply for residency in the Sober House named below and I provide the following information for use by The Transformation House for women in determining my eligibility and appropriateness for being a resident by doing a background check and / or CORI and will pay any necessary service fees accompanied with this.

**Answer all questions that apply. Type or print all information. Use additional sheet if necessary.**

**Name of house: Transformation House for women**

**Name:** \_\_\_\_\_  
(last) (first) (middle)

**Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
(street) (city) (state) (zip)

**Telephone numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell/Page \_\_\_\_\_

**Are you a recovering:** ☐ alcoholic ☐ drug addict? **Your sobriety date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**If you have been in substance abuse treatment, either in-patient or out-patient within the last three years, give the name of each program (i.e. detox, treatment center, halfway house), the dates you attended, and the reason for leaving.**

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

**Are you currently in a self-help recovery program, i.e. AA, NA?** ☐ Yes ☐ No **If "yes," state:** \_\_\_\_\_

**Name of program(s):** \_\_\_\_\_ **How many meetings do you attend per week?** \_\_\_\_\_

**Do you have a sponsor?** ☐ Yes ☐ No **If "no," why not?** \_\_\_\_\_

**What is your current source of income?** ☐ Employment ☐ Disability Payments of \$ \_\_\_\_\_ per month

**2 Other? (Explain)** \_\_\_\_\_

**Employer's name/address/phone:** \_\_\_\_\_

**Job Description:** \_\_\_\_\_

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**Do you have any children?**    ☐ Yes    ☐ No    **How many?** \_\_\_\_\_ **Please list names and ages**

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**Have you ever been convicted of a felony?**    ☐ Yes    ☐ No    If “yes,” please explain: \_\_\_\_\_

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**List name and telephone number of an individual who may be contacted in the event of an emergency:**

**IMPORTANT NOTICE:** The nature of Transformation House requires expulsion, without prior notice, of any resident who is found by a majority vote of the Board or directors to: 1) be using alcohol or drugs; or 2) be in default of payment of weekly house share of expenses; or 3) be guilty of disruptive behavior. A resident of Transformation House is not a tenant but is a member of the sober community which is Transformation House. Such resident is NOT entitled to any of the rights or protections which a tenant would be entitled to under Massachusetts law.

I have read the above notice and understand that I am applying for residency in a Transformation House as a member of a sober community and not as a tenant. I agree to abide by Transformation House rules principles and fully subject myself to the rules and regulations of this house, which rules may include periodic drug testing. I understand that I am subject to immediate expulsion from the house by a majority vote if any of the following occur: 1) I use alcohol or drugs (other than prescribed medication); 2) I fail to pay my weekly house share of expenses; 3) I engage in disruptive behavior such as violence or aggression.

By signing below I certify that the information contained in this application is true, that I understand and accept the conditions set forth above for residency in this Transformation House, and that I agree to abide by said conditions should I be accepted as a resident of this house. Once this application is signed at the bottom and accepted it becomes the binding residency contract.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**TO BE COMPLETED BY HOUSE MANAGER OR DESIGNEE:** The within application was reviewed with the applicant and she has read and signed the attached rules and regulations of the house.

Dated: \_\_\_\_\_ House Manager or Designee: \_\_\_\_\_