



CENTRAL CITY CONCERN

Please return with Pre-Application

Alcohol & Drug Free Community
Recovery Verification/Sobriety Referral

Counselor, Case Manager, or Program Sponsor Complete

_____ is applying for Alcohol and Drug Free Housing. This housing requires that all applicants have a verifiable Program of recovery. They must have a minimum of **90 days clean and sober to enter the program.**

Central City Concern Alcohol and Drug Free Communities require resident's participation in an on-going program of recovery.

MENTOR/CASE MANAGER /TREATMENT PROVIDERS ONLY:

- Applicant's verifiable sobriety date: _____
- Amount of time in current program? _____
- Anticipated graduation date? _____
- Is applicant compliant with her/his treatment plan? yes no
- Does applicant regularly attend groups/appointments? yes no
- Does applicant attend 12-step meetings or other recognizable recovery groups? yes no

IF THE APPLICANT HAS GRADUATED FROM TREATMENT PLEASE HAVE A SPONSOR OR SUPPORT PERSON FILL OUT THE FOLLOWING:

- Does applicant have at least 90 days clean and sober? yes no
- How long have you known the applicant? _____
- Does he/she contact you regularly? _____
- Does applicant attend 12-step meetings or other recognizable recovery groups? yes no
- Explain: _____

ALL PERSONS COMPLETING THIS FORM SHOULD READ AND SIGN BELOW:

By completing this verification, I maintain that the above information is true, and that **I will continue to work with this applicant** to develop an active, on-going recovery plan that may include problem solving and continuing support. I agree that Central City Concern can contact me to verify the information and gather further information if needed.

Print Name _____ Agency _____ Phone # _____

Signature _____ Date _____

I give Central City Concern's housing department permission to contact the above person to request information about my on-going program of recovery.

Applicant Signature _____

ADFC RESIDENT SERVICES

CCC USE ONLY

1. _____
Signature CCC Representative Date

