

# House of Pearls Resident Application

\*To be eligible for admission to the House of Pearls, you must complete this application in full.

\*\*\* **THE HOUSE OF PEARLS IS NOT A MEDICAL FACILITY.** If you have medical issues that need to be addressed, you will need to handle those before you become a resident of the House of Pearls. **WE WILL ONLY HANDLE MEDICAL SITUATIONS THAT ARE AN ABSOLUTE EMERGENCY.** If you have prescriptions for medications that we allow, you will need to have enough refills for 2-3 months. If you need to obtain refills while a resident, we prefer you be able to get them over the phone or a video telehealth visit, if possible. If you do have prescriptions filled while you are with us, you or your family will need to be able to pay for them.

Full Legal Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Where was your last residence? \_\_\_\_\_

Emer. Contact Name/Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Highest Education Completed: \_\_\_\_\_ Are you interested in obtaining your GED ☐ Yes ☐ No

Marital Status (check one): ☐ Single ☐ Married ☐ Separated ☐ Engaged ☐ Widowed ☐ Other: \_\_\_\_\_

Do you have a current, valid driver's license or state issued ID? ☐ Yes ☐ No

When was your last drink and/or drug use? \_\_\_\_\_ What was it? \_\_\_\_\_

\*You must be drug free for at least 72 hours. This includes any MAT medications. In the case of benzodiazepines and alcohol, you must be medically detoxed for at least a week before coming to the House of Pearls as we are not a detox facility. You will be drug/ alcohol tested when you arrive.

What is your drug of choice? \_\_\_\_\_

How did you hear about House of Pearls? \_\_\_\_\_

\_\_\_\_\_

Why do you want to come to House of Pearls? \_\_\_\_\_

\_\_\_\_\_

## **Legal**

Do you have any pending court dates or warrants? ☐ Yes ☐ No If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you on probation or parole? ☐ Yes ☐ No If so, please explain and give officers name & number (If you leave for any reason the proper authorities will be notified): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a sexual offense? ☐Yes ☐No

Do you have a prior criminal history of felony conviction? ☐Yes ☐No If so, please explain: \_\_\_\_\_

---

### **Rules and Expectations**

The use of illegal chemicals, alcohol, or the misuse of prescription drugs will result in the immediate termination of any agreement between House of Pearls and yourself. You will be required to leave the property immediately.

Upon your entrance into House of Pearls, you will be given a set of the overall house rules. It is your responsibility to know these rules. You will be held accountable for them. If you do not understand any or all of these rules, it is your responsibility to ask for clarification.

You are required to work on daily work projects. These work projects are designed to produce discipline and responsibility and are not a source of income. This can include household chores, volunteer and anything else that staff deems necessary.

Please refer to the House of Pearls handbook online, if possible, and review the clothing allotments as well as what not to bring with you to HOP.

If you are accepted as a resident at the House of Pearls, you will be given a specific date and time to come for your intake process. DO NOT BE LATE. If you are unable to come at the specified time and do not call to let us know, you will be removed from the list. Whether you will be rescheduled for intake or not will be at the discretion of the Director.

Do you agree to follow all rules and expectations: ☐Yes ☐No

Our program is one consecutive year, and we expect you to make a firm commitment to complete it. Is there anything that would prevent you from doing this? ☐Yes ☐No If so, please explain: \_\_\_\_\_

---

We are a smoke free facility. Do you agree to refrain from any and all tobacco and/or vaping while a resident at HOP? ☐Yes ☐No

Please refer to the handbook about clothing allotment. Do you agree to abide by the rules about clothing and personal belongings? ☐Yes ☐No

### **Medical Information**

Please list all medications you are currently taking: \_\_\_\_\_

---

(Please note, there are certain medications not allowed while a resident of the House of Pearls. If any of your current medications are on our list, we will discuss options with you, including detoxing from them with approval from your physician. House of Pearls does not provide financial help with medications but will provide you with information for assistance with paying for your medication.)

Please list any allergies and/or medical issues: \_\_\_\_\_

How would you rate your health? ☐ Good ☐ Fair ☐ Poor ☐ Other: \_\_\_\_\_

\*Prior to admission, all applicants with disabilities must submit a current medical record from her doctor, stating limitations of disability. If upon arrival, it is deemed you are unable to participate in all activities of the program, your application for residency will be denied.

When were you last in the hospital? \_\_\_\_\_ Why were you there? \_\_\_\_\_

Have you been diagnosed with Hepatitis or HIV? ☐ Yes ☐ No If so, when? Give details: \_\_\_\_\_

Are you pregnant? ☐ Yes ☐ No ☐ Unsure

\* House of Pearls is not a medical facility and cannot care for a pregnancy or house an infant.

Are you willing to submit to both drug and pregnancy testing prior to becoming a resident at House of Pearls?

☐ Yes ☐ No

Do you have physical limitations? ☐ Yes ☐ No If so, please explain: \_\_\_\_\_

Do you have any dietary restrictions? ☐ Yes ☐ No If so, please explain: \_\_\_\_\_

What area (i.e. addiction, suicidal ideations, eating disorders, mental health, trauma etc.) are you struggling with and for how long? \_\_\_\_\_

Have you ever had any problems or been diagnosed with any of these conditions (please check any that apply):

☐ ADD/ADHD

☐ Alzheimer's

☐ Anxiety

☐ Autism Spectrum

☐ Bipolar

☐ Border Personality Disorder

☐ Dementia

☐ Depression

☐ Learning Disorder

☐ Panic Attacks

☐ Schizophrenia

☐ Traumatic Brain Injury (TBI)

☐ Other: \_\_\_\_\_

Please list all other programs you have been in: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been a resident at the House of Pearls in the past? ☐ Yes ☐ No If so, when and why did you leave the program? \_\_\_\_\_

Please list 3 life goals: \_\_\_\_\_  
\_\_\_\_\_

What is something people mistakenly think about you? \_\_\_\_\_  
\_\_\_\_\_

Why is this assumption wrong? \_\_\_\_\_  
\_\_\_\_\_

Are you willing to persevere and do what it takes to change your life? \_\_\_\_\_  
\_\_\_\_\_

Once this application is received, you will be contacted for a phone interview if possible. If you are incarcerated or cannot otherwise complete a phone interview, please include a letter stating so and who we can speak with about your application. If you have an attorney, please also provide their information.

House of Pearls  
P.O. Box 516  
Monroe, NC 28111  
704-324-0028