

Fairbanks Recovery Residence (FRR)
A program of the Interior Alaska Center for Non-Violent Living (IAC)

This information/application is available at: iacnvl.org

Application Process Overview

- Completed Application**
- ASAM Criteria Assessment (within the last 8 weeks)**
- Interview with Housing Director and FRR Case Manager**
- Drug Test**

Goal of FRR

It is the goal of FRR staff to treat participants with respect; to come alongside, to encourage & to support individuals and to attain the goal of a life of recovery.

Interior Alaska Center for Non-Violent Living operates this program honestly and ethically.

Background

IAC is focusing on providing housing for vulnerable populations that allows for independent living while still providing support to assist people in recovery from or at risk of opioid use disorder to stay sober in their daily lives.

ELIGIBILITY GUIDELINES

Procedures

To be considered, the applicant must be 18 or older, have a history of substance misuse and be one of the following:

- A citizen reentering the community from incarceration
- A person leaving residential treatment
- A person who is homeless (including emergency shelters) or whose living environment does not support their recovery (for example, housemates who drink/use drugs or a lack of transportation to recovery activities).
- A former recovery residence resident who was discharged and seeks to return.

Eligibility Criteria:

1. Be admitted voluntarily
2. Be 18 years of age or older
3. Be able to pass a drug test
4. Be medically stable or able to stabilize with adequate housing
5. Express a desire to recover from addiction to drugs or alcohol
6. Have the capacity for active participation in all aspects of the program
7. Be ambulatory and meet personal needs without assistance; must be able to care for self in a community living environment
8. Have the ability to obtain adequate resources to pay for the program

Exclusion Criteria:

- ❖ The potential resident cannot:
 1. Have clinical manifestations that meet criteria for a more intense level of care.
 2. Have severe permanent deficits in recent memory, attention, concentration, who cannot attend effectively to activities of daily living and whose cognitive impairment prevents them from understanding and participating in the program.
 3. Have ongoing medical issues, which require a more intensive level of monitoring and care than can be provided by FRR.
 4. Must not be a convicted sex offender or on a sex offender registry

Fees For Sober Living Environment

1. Fees are **\$150/week** for a single room. Fees include housing and utilities such as electricity, heat, telephone, internet, and use of a shared computer.
2. Fees may be paid on a weekly or a monthly basis. Fees are due on the 5th of each month, if paying on a monthly basis. If paying on a weekly basis, the period is Monday to Sunday, and residents must stay a week ahead.
3. Residents may carry *no more than a \$300 balance* on their accounts at any time. If they do not pay their fees within 15 days or make arrangements they may be discharged from the program.
4. There are no refunds once fees have been paid.

Following is a 2-page application for the Fairbanks Recovery Residence. Please be as honest as possible. It's only when we fully understand your situation that we can provide you with adequate service.

If you'd like some assistance in filling out the application, please call The Bridge at 907-374-2905 or stop by their office at 400 Cushman St. The Bridge has peer support specialists on staff who can help you with the application and many other things.

You may turn this application in by faxing to IAC at 907-452-2613, scanning and emailing to housingdirector@iacnvl.org or dropping off/ mailing to 726 26th Ave, Suite 1, Fairbanks, AK 99701. If you have any questions, feel free to contact Housing Director at 907-888-2367

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Resident Application

| | |
|---------------|-----------------------|
| Today's date: | Desired move in date: |
| Full Name: | Date of Birth: |

Desired stay: 6 – 9 months 9 – 12 months 12-18 months

Gender: M / F / Non-binary Self-describe: _____

Valid Driver's License? **Y / N**

Race: _____

Marital Status: Single / Married / Separated / Divorced

Address: _____

Phone: _____ Email: _____

Do you currently or have you ever struggled with substance misuse? **Y / N**

When did you last use drugs or alcohol? _____ Drug(s) of Choice: _____

Are you a citizen reentering the community from incarceration? **Y / N**

Have you recently completed or about to complete residential treatment? **Y / N**

Are you currently homeless (including emergency shelters)? **Y / N**

Does your current living situation lack support elements needed for recovery? **Y / N**
(such as people living there who use or lack of transportation to recovery activities)

Have you ever been convicted of a sex offense or are you on a sex offender registry? **Y / N**

Outstanding warrants? **Y / N** Active restraining orders against you? **Y / N**

On probation or parole? **Y / N** Officer's name: _____

Please describe any current ongoing legal issues: _____

Allergies/phobias (include animals): _____

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What is the total amount of your monthly take-home income? _____

What is the source of your income? (Employer, SSD/SSI, child support, etc.) _____

Are you disabled (mentally or physically)? **Y / N** If so, describe: _____

High school diploma: **Y / N** GED: **Y / N** College Degree: **Y / N**

Employer: _____ How long have you worked there? _____

Work schedule (indicate hours or "varies"): Mon: _____ Tues: _____ Wed: _____
 Thurs: _____ Friday: _____ Sat: _____ Sun: _____

Do you have insurance? **Y / N** If yes, which? _____

Please list at least two references -- people who can vouch for your character:

| Name: | Phone Number: | How do you know them? | How long have you known them? |
|-------|---------------|-----------------------|-------------------------------|
| | | | |
| | | | |

Have you ever lived in a home with other people as an adult? **Y / N**

Do you anticipate any challenges with living in a shared space? **Y / N**

If yes, please describe: _____

Participating in recovery activities such as a 12 step program, support groups, and/or counseling? **Y / N**

If yes, please describe: _____

Why do you want to live in a sober living home?

What do you hope to achieve (goals) while living in the recovery house?

Tell us about your history of use, treatment, and recovery journey.

By signing below, I certify all information is true and correct to the best of my knowledge:

Signature: _____ Print Name: _____