

INC Application Form

General Information – Please Read Carefully

Indian Neighborhood Club (INC) is a sober environment in Minneapolis, MN. Our mission is to provide a clean and sober environment for men in recovery from drugs and alcohol addiction. We help those individuals who have the desire to stay sober and become a productive member of society.

We mandate residents attend in-house Alcoholic Anonymous (AA) meetings. Being active in the AA program is essential and will enhance the recovery of our residents. It is our belief that honesty, open-mindedness and willingness are necessary to facilitate the change in lifestyle necessary to deal with addiction. All individuals must be drug and alcohol free upon intake.

Admission Requirements:

- ❖ Must be an alcoholic/addict and/or homeless at time of admission.
- ❖ Must be detoxed at time of admission. No drugs are allowed to be in your system.
- ❖ Must work a program of recovery.
- ❖ Must attend in-house AA meetings as scheduled (currently 7 p.m. on Monday and Thursday evenings.)
- ❖ Must NOT have a criminal history inclusive of: Level III Sexual Offender – Arson – Violent Crime
- ❖ Must be 18 years of age or older at time of admission.

Indian Neighborhood Club is a home environment. We're not an institution. Residents provide each other with family-oriented support. In-house AA meetings are resident-led and include open discussion and topic meetings as well as speaker meetings. Indian Neighborhood Club is qualified as Group Residential Housing (GRH).

Additional Services Provided to Residents Include:

- ❖ Food ordered from Corborn's every Thursday
- ❖ Cable television (two common viewing areas)
- ❖ Laundry facilities
- ❖ Landline telephone
- ❖ Nearby city bus lines

To apply:

1. Write a letter of introduction.
2. Fill out the attached application completely. If applicable, INCLUDE THE NAME AND PHONE NUMBER OF YOUR CASE WORKER.
3. Mail your letter and application to:
Indian Neighborhood Club
1805 Portland Avenue South
Minneapolis, MN 55404
or fax: (612) 871-2020

If you have any questions or if we can be of any assistance to you, don't hesitate to call us at (612) 871-7412.

Sincerely,

Greg Lafontaine, Director
Indian Neighborhood Club

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How did you hear of INC?: _____ Today's Date: _____

Name (First, Middle, Last): _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Age: _____ SS#: _____ - _____ - _____ Single / Married / Divorced / Separated

Treatment facility: _____ Discharge date: _____

Are you eligible for Group Residential Housing? **YES NO** Do you have other resources to assist in payment? **YES NO**

Please explain: _____

Are you receiving assistance from (circle one) County / State / Federal (SSI)? (from whom) _____

Reason: _____ Monthly income: _____

Last type of drug(s)/alcohol used: _____ Date used: _____

Drug of choice: _____ Sobriety date: _____ Can you pass a drug test? **YES NO**

Do you have a criminal history of Level III Sex Offender, Arson or Violent Crime? **YES NO**

If yes, explain: _____

Do you have any priors (please circle all) Arrests / Convictions / Sentences / Prison - Jail Commitments / Probation? **YES NO**

NOTICE: If you answered yes, list all places, dates and current status on the reverse of this application.

Are you (please circle): On Probation / On Parole / Facing Charges / Pending Court Date / Outstanding Warrants: **YES NO**

Charges: _____ Date Ending of Supervision: _____

P.O. Name: _____ County: _____ Phone No.: _____

List all medical issues: _____

Are you under a physician's care?: **YES NO** Name of doctor: _____

Name of clinic: _____ Phone No.: _____

List all prescription medication: _____

Are you taking narcotic pain medication(s): **YES NO** Name of narcotic medications: _____

List all psychiatric problems: _____ Diagnosis: _____

Are you under a physician's care?: **YES NO** Name of doctor: _____

Name of clinic: _____ Phone No.: _____

List all prescription medication: _____

Are you taking controlled substance medication(s): **YES NO** Name of controlled substance medications: _____

Have you ever attempted suicide?: **YES NO** Have you ever planned suicide?: **YES NO**

If yes, please explain: _____

Why do you want to come to Indian Neighborhood Club?: _____

Are you willing to work with an AA sponsor?: **YES NO** Are you willing to attend 2 mandatory in-house AA meetings? **YES NO**

Emergency contact: _____ Relationship: _____ Phone No.: _____