



Welcome!

On behalf of the staff and residents at Aaron's House, thank you for considering joining us. Aaron's House opened in Madison, WI on August 13, 2007, and has been part of the alcohol and other drug dependence recovery solution for young men ages 18-26 since. Applying to live at Aaron's House is easy.

These are the simple steps of the application process:

1. Fill out the initial application and send it to:
Aaron's House
Attention: John Blaha
P.O. Box 3146
Madison, WI. 53704
2. A meeting will then be arranged at Aaron House for you to meet the Clinical Director and House Mentor.
3. At this meeting, you will receive additional information about the House and a formal clinical assessment will be scheduled. This assessment will take about two hours.
4. Arrangements may then be made for you to meet all or some of the residents at Aaron House.
5. The Personal Lifestyle Plan (PLP) session is scheduled next. This is a gathering of family, friends, professionals, and/or others who support you in your recovery. The purpose of this session is to learn about your assets and identify areas to work on in 6 life-functioning areas.
6. Following the PLP session, you will be given the PLP blank pages to fill out, outlining the goals for the next few months. Once the staff receives your completed PLP, you are welcome to move in.

The application process does require that you do some self-reflection just as you have been doing as part of your recovery work. You are looking for a home environment good for your continued recovery and we are available to be that resource. We are grateful to be part of your plan.


James Leonhart
President, Aaron J. Meyer Foundation, Inc

Aaron's House

Application for Services

Applicant Name:

Application Date:

Address:

Date of Birth:

Phone 1:

Permanent Address (if different from current):

Phone 2:

Best Times to Call:

Email:

Days Sober:

Type of Recovery: _____ Drugs _____ Alcohol _____ Drugs and Alcohol

School Attended/To Be Attended:

Course of Study:

Previous GPA, if applicable:

Circle one (current status): FR SOPH JR SENIOR

Current Employer, if applicable:

Position:

Hourly/weekly income:

Hours per week:

How long you have worked there:

Volunteer Work, if applicable:

Personal History

(NOTE: Attach supplemental pages as needed)

Medical

Please identify any medical conditions that indicate a need for staff and residents to be aware or trained about your condition in order to safely aid you in times of medical crisis or could potentially pose a threat to the health of others. This should include seizure disorders, diabetes, asthma, allergies, HIV/AIDS, Hepatitis, etc. Please also list any physical limitations due to disability that may require special accommodations.

Notes:

Presence of a medical condition or physical disability does not necessarily constitute ineligibility for services. We ask this information for support service purposes only.

At this time, AJM's first house, *Aaron's House*, is not a state licensed facility and cannot accept non-ambulatory residents due to fire code and physical plant considerations.

Mental Health

Please list any previous or current mental health diagnoses.

Medications

Please list any medications prescribed for either medical or mental health needs over the last 3 years, excluding anti-biotic treatments. Listed with each, please indicate the purpose of the medication and whether the drug is a current or discontinued prescription along with the prescribing doctor's name.

Hospitalizations

Please list any medical or psychiatric hospitalizations (including in-patient drug or alcohol treatment) in the past 10 years. Include location, dates, duration, purpose, and completion status of each.

Addictions Treatment

Please list clinicians or treatment centers that have provided service to you over the last 3 years. Include dates of treatment and treatment status (still involved, successfully completed, withdrew, etc). Include your other forms of support, such as a 12-step program.

AJM Resident Interests Inventory

This section is to help us understand areas of life where our potential residents would like community support, companionship, or learning opportunities through mentorships, classes, or the development of sober social clubs. Please check all items that interest you.

<input checked="" type="checkbox"/>	Activity	<input checked="" type="checkbox"/>	Activity
	Adventure/Extreme sports		Personal Fitness
	Animals		Political Issues/Social Change
	Art		Psychology/Self-Help
	Biking		Reading/Book Club
	Camping/Hiking		Recovery Work
	Car Repair/Mechanics		Running
	Career Guidance		School Help/Tutoring
	Cooking		Sober Social Activities
	Craftsmanship/Building/Construction		Spirituality/Religion
	Dance/Expressive Movement		Sports - Participatory
	Do It Yourself Projects/Home Repair		Sports- Spectator
	Environmental Concerns/Activism		Theatre
	Financial Planning/Budgeting		Travel
	IT/Computers/Electronics		Volunteerism/Leadership
	Music		Other hobbies

Help us expand our Interests Inventory! Tell us what is missing from this page by listing your hobbies and interests below. Also feel free to be more specific about any of the items you checked so that we can begin to look for appropriate mentors. For example, if under Adventure/Extreme Sports, you always wanted to skydive, mountain climb or go caving—let us know! This is your opportunity to contribute to our new program.

I have read the Fact Sheet and verify or agree to the following should I be accepted into *Aaron's House*:

Applicant Name: _____

YES	NO	ELIGIBILITY REQUIREMENTS SURVEY
		I am committed to my recovery
		I will support my peers in recovery to the best of my ability
		I have a minimum of 90 days continuous sobriety as of today
		I am between the ages of 18-25
		I am/will be only a part-time college or trade school student
		I will work or volunteer as specified in my Individual Lifestyle Plan
		I will abide by my contractual agreement with Aaron's House
		I will treat the house property and my housemates with respect
		I will take personal responsibility for my treatment plan
		I will contribute to a cooperative house culture
		I will follow the house rules established between myself and my housemates
		I will give back to my community through volunteer projects
		I seek mentors who can help me fulfill my personal goals and growth

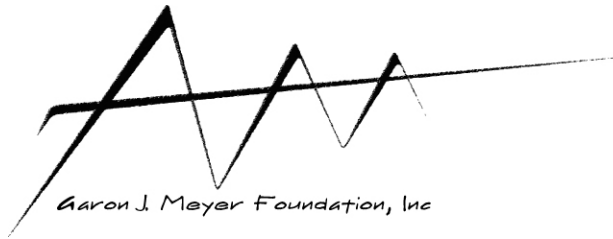
Application Checklist

(References should be mailed directly from the recommendation writer)

- _____ Completed application
- _____ Personal statement or creative presentation
- _____ 2 Letters of Recommendation (Checking this indicates you have requested them.
Name of Source & Relationship: _____
Name of Source & Relationship: _____
- _____ Policy Statement Acknowledgment and Limited Release Authorization
- _____ Work history/resume (include any volunteer work)

I hereby certify that all the information included in this application is accurate to the best of my knowledge, recollection, and personal records. I also understand that in accordance with the organization's confidentiality policy, AJM will not disclose any of this information to any other party without my written authorization via a specific release/disclosure form. I am aware that additional information about me will be necessary in order to be considered for services and I will have relevant information available for AJM to contact prior treatment professionals to obtain any previous evaluations and progress summaries upon request.

Applicant Signature & Date



Interview Policy Statements

Confidentiality

All interview information, both in written and verbal form, will be treated with absolute confidentiality. No information will be obtained or disclosed without applicable release forms signed by the applicant.

Prospective applicants will be required to sign such forms for the purpose of securing past clinical assessments and information needed to determine eligibility and service needs. This includes, but is not limited to, psychiatric or psychological evaluations, or, when necessary, further information regarding any serious medical condition.

All interview and subsequent information pertaining to applicants will be kept in a secure location and safeguarded against viewing by anyone other than the AJM application team.

Non-Discrimination

AJM does not discriminate against applicants based on race, ethnicity, culture, religion, sex, sexual orientation, age, disability, sources or lack of financial support, type of mental or substance use disorder, drug of choice or medical status.

The only exception to this policy is that *Aaron's House*, in particular, is designated for men, ages 18-25, who will study and work part-time. Future homes will likely accommodate varying populations. Likewise, degree of disability or mental health challenges will be considered solely based on program model and the limitations of the first house to accommodate certain issues. Keeping in mind also the varied personalities of prospective applicants, decisions will be made based on the best meshing of individual candidates.

Limited Release

The applicant authorizes AJM admissions team representatives and respective reference letter writers to discuss the candidate's appropriateness for the program or to clarify any statements in said letters. This release is explicitly implied and provided by the applicant upon receipt of any or all letters of recommendation during this evaluation period.

I have read, acknowledge, and accept these policies as part of my application process, indicated by my signature below.

Applicant's Signature & Date

Letters of Recommendation AJM Guidelines & Instructions

Each *Aaron's House* applicant should provide two letters of recommendation from adults in the community who:

- Have known the applicant for more than one year
- Are a current or past –clinician (or other treatment professional), teacher/professor, involved clergy or ministerial layperson, addictions sponsor, career or other mentor, employer, or equivalent to any of these roles. Family member letters are not acceptable for this purpose, yet the applicant is welcome to provide more than two letters of support.
- Are well-acquainted enough with the candidate to speak honestly about their strengths and challenges, indicating, based on personal experience, why this is the right program for the applicant

Instructions

1. The applicant should provide the reference letter writer with a copy of the Fact Sheet, any other materials needed to best answer the questions listed below, and a pre-stamped business size envelope addressed to:

Clinical Director
The Aaron J. Meyer Foundation
P.O. Box 3146
Madison, WI 53704

Letters of recommendation should be sent directly to the above address. **Receipt of any letter of recommendation indicates applicant's permission for AJM to contact the recommendation provider by telephone for verification, additional information or clarification. This limited release is valid for 60 days after receipt of said letter and authorizes the writer to disclose any and all pertinent information, not including confidential psychological or psychiatric histories, which shall require standard disclosure/release forms for this purpose in stage two of the application process.**

2. Letters should be: 1-2 typed pages, signed, provide a phone number for verification and answers to potential questions, and include the following:
 - How long you have known the applicant and in what capacity?
 - What do you personally know about their commitment to recovery?
 - How would the applicant benefit from the *Aaron's House* program?
 - What can the applicant offer, that is unique unto them, to the overall program and other residents?
 - How would you describe the applicant's leadership potential or previously demonstrated leadership skills? How would you rate their interest in civic duty?

- In your opinion, what supports would be necessary for the applicant to be successful in this setting? Do they require more than a peer-support program model?
- Any other information you would like to share about this young man that should be considered in this application process.