

# Blessed Builders - Ministry Sober Living

Review before you apply:

1. There is a 450.00 entry fee, plus monthly rent obligations.
2. You must pass a drug screening to receive a bed at BBM.
3. You will be required to attend 4 recovery meetings per week (examples; treatment, church, n/a or a/a meetings, Bible study, celebrate recovery).
4. You will be assigned a mentor to check in with as your phase requires.
5. You get 4 weeks to get employment, you must maintain employment throughout your stay at BBM sober living.
6. Required weekly house meetings.
7. Chores need to be done daily.
8. Everyone will start in a bunked up room with roommates, double rooms and single rooms are available as you phase up and beds become available.
9. We are a Christian based program, we will pray in Jesus name and give biblical spiritual guidance.

For our full policy with guidelines and phases please go to:

<https://blessedbuilderssoberliving.org/sober-living-policy-guidelines/>

<https://blessedbuilderssoberliving.org/blessed-builders-sober-living-phases/>

# Blessed Builders Ministry Residential Application

Office (701) 751-0318/Text Line (701) 660-0767

E-mail: [BBM@blessedbuildersministry.com](mailto:BBM@blessedbuildersministry.com)

## **PERSONAL INFORMATION:**

Date: \_\_\_\_\_

Full name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (ZIP) \_\_\_\_\_

(Town) \_\_\_\_\_

(State) \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_-\_\_\_-\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Engaged \_\_\_ Widowed

Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_ Are you a veteran? Yes / No

## **PRESENT HOUSING SITUATION:**

\_\_\_ Live with spouse      \_\_\_ Live with friends      \_\_\_ Homeless

\_\_\_ Live with Parents      \_\_\_ Incarcerated      \_\_\_ Live alone

\_\_\_ Live with Relative      \_\_\_ Treatment facility      \_\_\_ Other

## **EMERGENCY CONTACT PERSON (FRIEND OR FAMILY MEMBER):**

Full name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: (Street / P.O. Box) \_\_\_\_\_ (Town) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## **SPOUSE'S INFORMATION:**

Full name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: (Street / P.O. Box) \_\_\_\_\_ (Town) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## **CHILDREN'S INFORMATION:**

Name: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

**EDUCATIONAL BACKGROUND:**

Highest level of school completed: \_\_\_\_\_

List of schools, certificates and diplomas: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RELIGIOUS AFFILIATION:**

Name of Church: \_\_\_\_\_

Address: (Street / P.O. Box) \_\_\_\_\_ (Town) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

1. Male / Female \_\_\_\_\_

2. Are you a sex offender? Yes / No \_\_\_\_\_

3. Any crimes/offenses? \_\_\_\_\_

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

5. How long have you been sober? \_\_\_\_\_

6. What is your current residency? \_\_\_\_\_

7. Are you on probation? Yes / No If yes, who is your Probation Office? \_\_\_\_\_

**MEDICATION**

Are you currently taking medications? Yes / No If yes, please list medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_