



3726 E. Hampton St., Tucson, AZ 85716  
Phone (520) 319-1109 Fax (520)319-7013

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*Exodus Community Services Inc. exists for the sole purpose of providing men and women in recovery from addiction with safe, drug and alcohol free, twelve-step oriented environments in an effort to provide each client with care and structure necessary to develop and learn the life skills essential for transition to independent living.*

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**Admission Requirements:**

1. Willing to obtain employment unless on SSI or SSD (before SSI or SSD approval one must pay fees)
2. No history of sex crimes or arson
3. Willing to work your recovery program
4. Willing to follow all house rules, curfew and meeting requirements
5. 6-month commitment
6. Addict or alcoholic by admission

Program fees are \$120.00 a week, or \$430.00 a month (subject to change). This is a home environment, not an institution. Residents of Exodus cook for themselves and, if indigent, have access to food in the house. We provide bedding, telephone, and laundry facilities. Bus stops are convenient and close. We offer a referral base for job assistance and discount bus passes.

Enclosed with this letter you will find a copy of our Client Contract and Lodging Agreement and our Resident Application form.

**TO APPLY YOU MUST:**

1. **Complete these forms in their entirety and write a letter of introduction (Bio-letter) telling us about yourself on the last 2 pages.**
2. **You must answer every question. If the question does NOT pertain to you, please insert "N/A" for not applicable to you. Remember that your application will be held up without the completion of the Bio-letter. Fill out the application completely.**  
**You must include the name and fax number of your caseworker if applicable.**

**There are several ways to submit your application:**

**Mail:** 3726 E. Hampton St., Tucson, AZ 85716  
**Fax:** (520)319-7013  
**Email:** [intake@exodushelps.org](mailto:intake@exodushelps.org)

**For administrative queries, send email to:**

[moses.gonzalez@exodushelps.org](mailto:moses.gonzalez@exodushelps.org)

If you are in the Arizona Department of Corrections, we are approved to house parole releases. We will approve county jail inmates also. **Case Managers will work individually for those on SSI and SSD.**

**If you are on SSI or SSD you may be required to paid one week programs fees in advance of acceptance into the program. Discuss with intake coordinator.**

If you have any questions or if we can be of assistance to you, please call. Intake Coordinator (520) 282-9782



**Resident Application (01-01-22)**

You are required to write a brief bio letter at the end of this application. We want to know who you are, where you came from, and where you want to go in life. This section is required to process application.

Name: \_\_\_\_\_ Case/DOC#/: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Last4 SS#: \_\_\_\_ **Circle One:** Single Married Divorced Separated Widowed

Identification: **(Circle)** Driver's License AZ ID Card DD-214 SS Card Birth Certificate Tribal Other: \_\_\_\_\_

Gender: **(Circle)** Male Female Ethnicity \_\_\_\_\_ Are you pregnant **YES NO** Veteran **YES NO**

Current Contact Phone \_\_\_\_\_ How did you hear about our program? \_\_\_\_\_

Are you receiving county, state, or federal benefits? **YES NO** What? \_\_\_\_\_ Why? \_\_\_\_\_

Current Living Situation **(Circle One)** Homeless Shelter Detox Jail/Prison Rental Housing Transitional Living Hospital DV Shelter Family Other \_\_\_\_\_ Name of current contact: \_\_\_\_\_

Current address: \_\_\_\_\_

Do you have children? **YES NO** Ages: \_\_\_\_\_ Are you paying child support? **YES NO** How much? \_\_\_\_\_

Where did you grow up? \_\_\_\_\_ Do you have financial support? **YES NO**

In case of emergency notify: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Are you willing **(YES NO)** and capable **(YES NO)** of working 40 hours a week of gainful employment?

ALCOHOL AND DRUG USE (if any)					
Substance	Frequency of Use	Age First Used	Date Last Used	Route (oral, smoke, inhaled, injected, other)	Other Drugs Used
Alcohol					
Marijuana					
Methamphetamine					
Heroin					
Cocaine					

Drug of Choice: \_\_\_\_\_

List names and dates of all treatment programs, outpatient programs, shelters, domestic violence shelters, and halfway houses attended. (Be specific) \_\_\_\_\_

Are you willing to detox if needed? **YES NO** Have you ever attended addiction support groups? **YES NO** How long? \_\_\_\_\_

Are you willing to attend three 12 step or Smart Recovery meetings a week? **YES NO**

If attending a 12 Step Group, are you willing to work with a 12-step sponsor each week? **YES NO**

How many attempts have you made to get clean and sober in the past? \_\_\_\_\_ Most clean/sober time attained? \_\_\_\_\_

EMPLOYMENT HISTORY (List Most Recent Employer First - Do NOT List DOC Employment)						
Employer Name	Phone	Date Started	Date Ended	Position	Supervisor Name	Hourly Pay Rate

**EDUCATION HISTORY**

Highest Grade Completed \_\_\_\_\_ Education Completed (**Circle all that apply**) High School GED Vocational School Junior College University Other \_\_\_\_\_

School or other formal training from age 14 (e.g. high school, technical school, apprenticeships, on-the-job training, computer, etc)

Name and Place	From (Year)	To (Year)	Certificates, Diplomas Obtained	Type or Main Subject

**HOUSING HISTORY**

Prior Living Situation	Pay Rent	Where	When (Start – End Date)	How Long
	Y N			
	Y N			
	Y N			
	Y N			
	Y N			

**REASONS FOR LEAVING PRIOR HOUSING BEFORE INCARCERATION (Circle all that apply)**

Substance Abuse	Discharged	Parole/Probation Violation
Marital Separation	Non-payment of rent/occupancy charge	Destruction of property
Loss of Employment	Non-compliance with housing authority	Arrested
Completed Program	Criminal activity/ violence	Other _____

**BRIEF MEDICAL HISTORY**

Are you under physician's care? **YES NO** If yes, why? \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Agency: \_\_\_\_\_

List ALL Medications Prescribed: \_\_\_\_\_

List all past and current physical medical issues: \_\_\_\_\_

Are you under the care of a behavior health facility: **YES NO** Agency Name \_\_\_\_\_ How long? \_\_\_\_\_

Have you ever attempted suicide? **YES NO** If yes, explain: Date: \_\_\_\_\_ Where: \_\_\_\_\_

Circumstances: \_\_\_\_\_

Are you a survivor of sexual assault, domestic violence, or stalking? **YES NO** Explain: \_\_\_\_\_

Caseworker/Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**LEGAL HISTORY (if any)**

Do you have current charges? **YES NO** If yes, what? \_\_\_\_\_ If yes, next court date: \_\_\_\_\_

Are you a parole violator? **YES NO** Reason for Violation: \_\_\_\_\_ Anticipated Release Date: \_\_\_\_\_

Are you on supervision? (Circle One) IPS Direct Regular Parole Fed Probation No Supervision Agency: \_\_\_\_\_

PO Name \_\_\_\_\_ Phone: \_\_\_\_\_ Office Location \_\_\_\_\_

Do you have court fines? **YES NO** How much? \_\_\_\_\_ Do you have community service? **YES NO** How Many Hours? \_\_\_\_\_

Have you ever been arrested for any sex crimes? **YES NO** If yes, Explain: \_\_\_\_\_

List all arrests, convictions, sentences, prior prison or jail commitments, and probation history. (list places and dates – use blank paper if needed)

**VERIFICATION**

**Application forms require this information to process.** Who can we call to verify this application? (Circle One) Parole/Probation Public Defender Attorney Case Manager COIII Pretrial SACASA Rep Vet Rep Other \_\_\_\_\_  
 Name \_\_\_\_\_ Fax (Required) ( ) \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Did you read the lodging agreement, house policies & Resident rights? **YES NO** Are you clear on what is expected of you? **YES NO**

**By signing below I provide Exodus Community Services authorization to share information included in this application with referring agencies: (Sign here)** \_\_\_\_\_ Date: \_\_\_\_\_

All information on this application is true to the best of my ability:

Client Name (Print) \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_



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Please tell us why you desire to live at Exodus Community Services Housing:

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What abilities do you think you possess that will help you be successful with Exodus Community Services?

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What actions do you think you will need to take in order to accomplish the goal of independent living?

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