

CRESTRIDGE RECOVERY HOUSE

Men's Structured Sober Living · Stone Mountain, DeKalb County, GA 30083
770-542-0111 · intake@crestridgerecoveryhouse.com · crestridgerecoveryhouse.com

REFERRAL PACKET & PROGRAM OVERVIEW

Population Men · Ages 18+	Sobriety Req. 30 Days Min · 45 Preferred	Rates Call for Current Rates
Location DeKalb County, GA	Drug Testing Random 12-Panel	Certification GARR In Process

WHAT WE PROVIDE

- Furnished private and shared rooms
- All utilities included
- Full kitchen — granite countertops, stainless appliances
- Common area with fireplace and TV
- Washer and dryer access
- 24/7 Residential Coordinator on-call
- Weekly house meetings
- MAT friendly — medication lockbox on site

PROGRAM REQUIREMENTS

- 30-day minimum sobriety at admission (45 days preferred)
- Active sponsor required prior to move-in
- Employment or verified income required at move-in
- Random 12-panel drug and alcohol testing
- 3 recovery meetings per week — slips required
- No guests during first 60 days. Approved guests only after 60 days.
- Curfew: 10PM Sun–Thu · 11PM Fri–Sat
- Mandatory Sunday house meeting 6:00 PM

IMMEDIATE DISCHARGE OFFENSES

- Any drug or alcohol use
- Violence or threats
- Weapons on premises
- Theft
- Refusing drug testing
- Bringing drugs or alcohol on premises

[GARR CERTIFICATION IN PROCESS] [MAT FRIENDLY] [COURT REFERRALS WELCOME] [MEN 18+]

RESIDENT APPLICATION

PERSONAL INFORMATION

Full Legal Name	Date of Birth	Age
_____	_____	_____

Phone Number	Email Address
_____	_____

Current Address / Coming From

Emergency Contact Name	Emergency Contact Phone	Relationship
_____	_____	_____

RECOVERY INFORMATION

Primary Substance(s)	Sobriety Date	Days Sober
_____	_____	_____

Most Recent Treatment Program	Discharge Date
_____	_____

Sponsor Name & Phone (if applicable — kept confidential)

Sponsor information is optional and kept strictly confidential. Used only as a program screener.

MEDICATIONS / MAT

Current Medications: None Suboxone/Buprenorphine Vivitrol/Naltrexone Methadone Other

If on MAT — list medication, prescribing doctor, and clinic

LEGAL & EMPLOYMENT

Probation or Parole? Yes No

If yes — Officer Name & Phone	Check-in Frequency
_____	_____

Currently Employed? Yes No

Employer / Income Source	Monthly Income
_____	_____

Referring Agency / Case Manager	Referral Contact Phone
_____	_____

BACKGROUND

Briefly describe your situation and why you are seeking sober living

Felony convictions in past 5 years? Yes No

If yes — explain briefly

RELEASE OF INFORMATION

By initialing below I authorize Crestridge Recovery House to contact my referring treatment facility, case manager, or probation/parole officer to verify information provided in this application.

Initials

Date

AGREEMENT & SIGNATURE

By signing below I confirm that all information provided is accurate. I understand that false information or violation of house rules is grounds for immediate discharge without refund.

Applicant Signature:

Date:

Staff / Operator Signature:

Date: