



CODE \_\_\_\_\_

Welcome!

On behalf of the staff and Program Residents at Opportunity House, thank you for considering joining us. Opportunity House has operated as sober living residence in Southwest Wisconsin since 2019. Its mission is to provide a safe and healthy residence for people committed to their recovery journeys. We hope that you thoughtfully consider becoming a part of this fun and supportive community! Applying to live at Opportunity House is simple.

These are the steps of the application process:

1. Send the completed application

By mail to:

Opportunity House  
Attention: Sheryl Brokopp  
149 N Iowa St  
Dodgeville, WI 53533

Or

Email to:

[S.brokopp@swcap.org](mailto:S.brokopp@swcap.org)

2. The OH Program Director will contact you to schedule an interview. After the interview you will be notified as soon as possible whether your application will proceed to the next step.
3. If your application proceeds, you will be invited to a weekly house meeting for an interview with current residents, who will make the final determination on the application. Notification of the decision will occur within 24 hours of the visit.
4. At move-in, you will complete a variety of required paperwork, including a service agreement contract with Opportunity House and relevant release forms.

## Confidentiality

Prospective applicants will be required to sign disclosure 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 application and 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. All application and subsequent information pertaining to applicants will be kept in a secure location and safeguarded against viewing by anyone other than the Opportunity House application team.

## Non-Discrimination

The Opportunity House 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 degree of disability or mental health challenges will be considered solely based on appropriateness of the program model and the ability of the residence to accommodate certain issues.

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. We look forward to serving you on your recovery journey.

With regards,  
The Opportunity House Staff

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To become a resident of the Opportunity House you must fill out the application, mail to: 149 N. Iowa St., Dodgeville WI 53533 or email: [s.brokopp@swcap.org](mailto:s.brokopp@swcap.org) You will be contacted for an interview. Once qualified, you will then interview with the Director. Thank you!

Contact Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_\_\_

### Demographic Information

Age:	Years: _____			
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	
Sexual orientation	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay or Lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Other
For women only: are you pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	
Race / ethnicity	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Latino/Hispanic
	<input type="checkbox"/> Native American / Alaskan Native	<input type="checkbox"/> More than one race	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to answer
Highest education level achieved	<input type="checkbox"/> Grades 1-11	<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> Some college, no degree	<input type="checkbox"/> Community college degree
	<input type="checkbox"/> Vocational or technical school degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Graduate or professional school degree (e.g. Master's, PhD, MD, or JD)	
Current employment status	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Disability	<input type="checkbox"/> Unemployed
	<input type="checkbox"/> Other (please specify) _____			
Current relationship status	<input type="checkbox"/> Married	<input type="checkbox"/> Single, not in a relationship	<input type="checkbox"/> In a relationship, not living with partner	<input type="checkbox"/> In a relationship, living with partner
	<input type="checkbox"/> Other (please specify) _____			
Do you have children? If yes,	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Ages: 1: _____ 2: _____ 3: _____ More: _____	Type of custody: <input type="checkbox"/> Legal <input type="checkbox"/> Joint legal	<input type="checkbox"/> Physical <input type="checkbox"/> Joint physical	<input type="checkbox"/> Sole <input type="checkbox"/> No custody

### Legal History

Are you currently on extended supervision (parole or probation)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever been convicted of a felony?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Military History

Are you a veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Branch _____
	Rank at discharge		Type of discharge
	If other than honorable, explain		

### Medical

Do you have health insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What type: _____
Do you have a PCP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently being treated for any medical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which ones?
Are you currently taking any prescription medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which ones?
Do you have any untreated medical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which ones?

## Drug and Treatment History

What is your clean/sober date?	____/____/____
At what age did you start using alcohol or drugs REGULARLY?	_____
When you were using, what was your MAIN drug of choice?	<input type="checkbox"/> Heroin <input type="checkbox"/> Fentanyl <input type="checkbox"/> Prescription Opioids <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> No specific drug <input type="checkbox"/> Other (specify) _____
When you were using, on average how often did you use your main drug of choice?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly (1x per week) <input type="checkbox"/> Almost daily (5-6x per week) <input type="checkbox"/> 2-4 times a week <input type="checkbox"/> 2-4 times a month <input type="checkbox"/> Other frequency _____
For how long did you use your main drug of choice?	<input type="checkbox"/> 6 months or less <input type="checkbox"/> 6 months to one year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> Over 5 years
What substances have you used REGULARLY in your lifetime?	<input type="checkbox"/> Heroin <input type="checkbox"/> Fentanyl <input type="checkbox"/> Prescription Opioids <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Nicotine

What is the total number of overdoses you have had in your lifetime?	# _____
Have you ever received treatment for addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES: What types of treatment did you receive?	<input type="checkbox"/> Outpatient <input type="checkbox"/> Intensive Outpatient (IOP) <input type="checkbox"/> Detoxification <input type="checkbox"/> Residential <input type="checkbox"/> Medication Assisted Treatment (MAT)
If YES: How long ago was your most recent treatment for addiction?	<input type="checkbox"/> In treatment now <input type="checkbox"/> Within the past year <input type="checkbox"/> Over a year ago
If YES: Are you currently receiving Medication Assisted Treatment?	<input type="checkbox"/> No <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Methadone <input type="checkbox"/> Oral naltrexone <input type="checkbox"/> Injectable naltrexone
Have you EVER been engaged in recovery support services? (select all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Mutual self-help support groups (AA, NA, Smart Recovery, Celebrate, etc.) <input type="checkbox"/> Recovery focused events <input type="checkbox"/> Socializing with peers in recovery <input type="checkbox"/> Other
Do you CURRENTLY attend any recovery support services?	<input type="checkbox"/> None <input type="checkbox"/> Mutual self-help support groups (AA, NA, Smart Recovery, Celebrate, etc.) <input type="checkbox"/> Recovery focused events <input type="checkbox"/> Socializing with peers in recovery <input type="checkbox"/> Other
Have you ever been treated for mental health problems (other than addiction), including counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES: Specify for what mental health problem	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> PTSD <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> ADHD
If YES: How long ago was the last treatment for mental health problems?	<input type="checkbox"/> In treatment now <input type="checkbox"/> Within the past year <input type="checkbox"/> Over a year ago

### Current Needs

Do you currently have social support for your recovery?	<input type="checkbox"/> None <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Sponsor <input type="checkbox"/> Recovery Group <input type="checkbox"/> Other _____
Do you currently need help with any of the following:	
Employment	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:
Clothing	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:
Food	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:
Daily care items	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:
Transportation	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:

### Readiness for Recovery

At this time, what are your main barriers to continued recovery?	Barrier 1: <div style="background-color: #f0f0f0; height: 30px; margin-top: 5px;"></div>
	Barrier 2: <div style="background-color: #f0f0f0; height: 30px; margin-top: 5px;"></div>
At this time, do you have any goals you wish to work toward?	Goal 1: <div style="background-color: #f0f0f0; height: 30px; margin-top: 5px;"></div>
	Goal 2: <div style="background-color: #f0f0f0; height: 30px; margin-top: 5px;"></div>

On a scale from 0=Strongly Disagree to 10=Strongly Agree, how would you rate your current feelings about the following statement:

My recovery is the most important thing in my life. (CIRCLE ONE NUMBER)

Strongly Disagree
Strongly Agree

0
1
2
3
4
5
6
7
8
9
10

On a scale from 0=Very Poor to 10=Very Good, how would you rate the overall quality of your lifetoday? (CIRCLE ONE NUMBER)

Very Poor
Very Good

0
1
2
3
4
5
6
7
8
9
10



## References

Please list three references.

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to services at the Opportunity House, I understand that false or misleading information in my application or interview may result in my discharge.

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