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## Residential Guest Application

Thank you for your interest in The Sanctuary Farm & Rest House (The Farm). This application for residency contains information that is confidential and must be completed by the individual interested in becoming a residential guest at The Farm.

Admission to The Sanctuary Farm & Rest House residential guest program (e.g. 3, 6, or 12 months) is available to people who are at least 18 years old.

Please answer all questions thoroughly. If a question does not apply to you, please write N/A in the space provided next to that question. No information in and of itself will be used to reject an applicant.

This completed application may be mailed to us at the address below, or a scanned PDF may be emailed to [hello@sanctuaryfarm.org](mailto:hello@sanctuaryfarm.org).

With hope for your recovery,

Billy Vaughan, director of recovery  
April Garbat Vaughan, director of farm stewardship

This information is protected by Federal Confidentiality (42 CFR Part 2) and HIPAA (Health Insurance Portability and Accountability Act of 1996 45 CFF Parts 160 & 164). This document may contain privileged or confidential information which may be protected from disclosure under Federal Regulation (42 CFR, Part 2) and other federal laws, and is intended solely for the use of the individual or group to whom this document is addressed. If you are not one of the named recipients, please notify the sender by email, phone, or fax and destroy this document immediately. Any other use, retention, dissemination, forwarding, printing, or copying of this document is strictly prohibited.

**Personal Information**

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

Social Security Number: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License (check one):  Valid  Expired  Suspended  Never Applied

**Do you have access to the following documents?**

Driver's License: yes / no      Social Security Card: yes / no      Birth Certificate: yes / no

**How would you rate your need to enter The Sanctuary Farm & Rest House?**

Emergency       Next availability       Exploring options

**Which program are you applying for?**

3 months       6 months       12 months

**In Case of Emergency Notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Phone (home or cell): (\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

## Medical History

1. Please list all medications you currently take:

Medication & mg	How often is it taken?	Reason for taking

2. Will you be bringing these medications with you to The Farm?  Yes  No

3. Are there any medications you are supposed to be taking but are not?  Yes  No

Please list all medications you are supposed to take but are not currently taking:

Medication & mg	How often is it taken?	Reason for taking & not taking

4. Have you been diagnosed with Tuberculosis (TB)?  Yes  No

If yes, when? \_\_\_\_\_

5. Are you currently taking medication for the treatment/prevention of TB?  Yes  No

**Medical History, continued**

6. Do you have any food or medical allergies?  Yes  No

If yes, please list \_\_\_\_\_

7. Do you have any medical conditions (past or present)  Yes  No

Examples include: diabetes, high blood pressure, heart disease, broken limb, hepatitis, infections, HIV, AIDS, concussion, etc.

If yes, please list: \_\_\_\_\_

8. Date of most recent tetanus shot, if known: \_\_\_\_\_

(All residents of The Farm must have a current tetanus shot. If yours has expired, we will work out an arrangement for your protection.)

## **Voluntary Entrance Agreement (Form A)**

THE SANCTUARY FARM AND REST HOUSE IS AN ALCOHOL-FREE AND DRUG-FREE ENVIRONMENT. SMOKING OF TOBACCO IS ALLOWED ONLY IN SPECIFICIALLY DESIGNATED AREAS. SMOKING IS NOT ALLOWED UNDER ANY CIRCUMSTANCES IN THE GUEST HOUSE OR IN THE BARN.

### **Do You Understand?**

The Sanctuary Farm & Rest House is a therapeutic recovery farm which may serve as a transitional living program. Some of our policies and procedures may be new to you, but we ask that you come with an open heart and a curious mind. By coming to The Sanctuary Farm & Rest House you are voluntarily restricting yourself to the structure of our program. You will be free to leave at any time, and only your commitment to us and to yourself, and your desire to change, can keep you here. We cannot, and will not, restrain you in any way to keep you here. Your decision to stay is your choice.

The undersigned applicant fully acknowledges that the information provided in this application is accurate and true to the best of their knowledge, and that the application form has been completed and filled out by the applicant in his or her own writing. The applicant further understands that false or incomplete information may result in disqualification from admission into The Farm program, whether just entering or whether the applicant has already been admitted.

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Applicant Signature

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Date

### Personal Story and Goals (Form B)

In the space provided below, write a bit of your personal story, including:

- What has changed in your life, causing you to want a different/better life?
- Why are you applying specifically to The Sanctuary Farm & Rest House?

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If you need additional room, attach another piece of paper.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date