



# Application for Admission

## How To Apply to Living by Design Collective, LLC

1. Please download the Application and Orientation Guide and review it carefully.
2. If you would like to apply for admission, please call: **Kim Corbin**

**312-401-4710**

### Program Requirements

At Living by Design Collective, LLC, our goal is supporting your **permanent recovery** from drugs & alcohol. In order to achieve that goal, we ensure a safe, structured environment where all residents have the opportunity to succeed.

### Minimum Requirements for Admission to Living by Design Collective, LLC of Dallas:

1. Commitment to stay at least 6 months. You may stay longer. Your stay will be terminated without notice if house rules are not 100% complied with.
2. Complete abstinence from all mind & mood altering substances for a minimum. This includes illegal drugs, alcohol, prescription drugs (certain medical exceptions can be made), or any other substance used to alter your mind or mood. We do drug & alcohol screening several times a month. ***We reserve the right to not accept residents that are taking certain prescription medications (i.e. Vyvanse, Suboxone or Subutex, and this list is not exhaustive) and we screen for those as well.*** We ensure that you will have a

safe and sober place to recover, and we discharge immediately with zero tolerance for a failed drug or alcohol screen.

3. You must have or be willing to get a "sponsor", which is a person who will guide you through the 12 Steps of recovery. We expect everyone to have a sponsor within 1 week. One-on-one work with a sponsor is the most important part of your recovery and you must meet with your sponsor once a week.

4. Willingness to stay clean & sober through the 12 Steps of Recovery. Active participation in all groups, step-work with your sponsor, and attendance of outside 12 Step meetings is mandatory.

5. Complete willingness to follow all rules and directions. Living by Design Collective, LLC is a structured living environment that provides all residents with the opportunity to live life to the fullest, but learn to live with structure and accountability.

6. You must either have a job, be actively seeking employment (this will be verified), be attending an outpatient program, or be attending school full time during the day (you may also have to work part time). Part of the structure of recovery is learning to fill our day with worthwhile and productive activities.

7. Willingness to focus on yourself. We have a strict "No Fraternization" policy with any other licensee sharing space together.

8.. Willingness to attend all weekly mandatory house meetings. Additionally, you are required to attend a minimum of two additional 12 Step meetings of your choice. There may also be other mandatory meeting, retreats, and functions throughout the year.



## Living by Design, Collective LLC

### **CLIENT INFORMATION** (Please print CLEARLY and complete as much as possible)

Name: \_\_\_\_\_  
Last First Middle

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City/State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Marital Status: S M W D Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Will you be participating in an Outpatient Program? If so, where: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Other Phone#: \_\_\_\_\_

Have you been mandated to treatment?

If yes, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, Explain: \_\_\_\_\_

Do you have legal charges pending? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you on probation or parole? \_\_\_\_\_

What county: \_\_\_\_\_

Probation/Parole Officer Name: \_\_\_\_\_

Phone \_\_\_\_\_

P.O. Fax #: \_\_\_\_\_

P.O. email address: \_\_\_\_\_

Attorney/Legal Representative Name: \_\_\_\_\_

Attorney Phone#: \_\_\_\_\_

Attorney Fax#: \_\_\_\_\_

Where are you employed? \_\_\_\_\_

How long have you worked there: \_\_\_\_\_ Is your job in jeopardy: \_\_\_\_\_

Employer Contact/Supervisor: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**AUTHORIZATION FOR SERVICES/LIABILITY AGREEMENT**

I \_\_\_\_\_, do hereby voluntarily consent to residential services provided by Living by Design Collective, LLC. Failure to comply with house rules and/or participate in recommendations may result in termination of any agreements. No information will be released outside of Living by Design Collective, LLC without express written consent. I give consent for the team to share information about me and my substance abuse or mental health records in order to support emergency treatment services required by third parties. I understand that I must provide truthful information regarding my medical and legal status. I understand the Living by Design Collective, LLC will not harbor fugitives from the legal system. I also agree that Living by Design Collective, LLC is not liable for any accidents, injuries, and/or death (overdoses, suicide) in or near any of its properties.

**I hereby certify that I have read and fully understand the above agreement.**

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date



## Living by Design, Collective LLC

AUTHORIZATION FOR RELEASE OF INFORMATION – (Fill this out for the last place you had a TB test)

**Full Name of Client:** \_\_\_\_\_

**Date of Birth (Month-Day-Year):** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby request and authorize:

Living by Design Collective, LLC

5301 Alpha Road Ste #80, Office #343  
Dallas, Texas 75240

Phone (312) 401-4710

To disclose to or obtain from:

\_\_\_\_\_  
Name of Person or Agency

----- Address (if

known)

The following information from my records (if available):

  X   History and Physical exam

  X   Alcohol and Drug Abuse Treatment records

  X   TB (tuberculosis) Results

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patients records, 41 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that HIV related information about me, STD related information about me, and TB related information about me is protected by State law and cannot be disclosed unless the disclosure is authorized by State law. I also understand that I may revoke this consent, in writing, at any time except to the extent that action has been taken in reliance on it, and that in any event this consent automatically expires as follows. If you wish to discuss revoking this authorization or refuse to sign this form, you can ask for assistance from your therapist or Program Director who can go over this information in more detail:

**X**    **The period necessary to complete all transactions on accounts related to services provided to me.**

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Signature of Client

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Date

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Witness Signature

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**Use this Space Only If  
Client Withdraws  
Consent**

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Witness/Title

---

Date

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Signature of Client