



email: diamondrider9@gmail.com

QUESTIONNAIRE FOR APPROVAL AT OPPORTUNITY HOUSE

First Name: _____ Middle Intl: _____, Last Name: _____

DOB: _____ DOC # (if applicable): # _____

E.R.D (Earned Release Date)/Date of Discharge: _____

Do you have job skill?. _____

Do you plan on getting employment in that field ☐ Y ☐ N

How will you be funding your stay at Opportunity House?

DOC Voucher ☐ For how many months? _____

Self Funding? ☐ Source of Funding: _____ H.E.N (Housing & Essential Needs ☐ Other Funding ☐ explain: _____

If you are coming out of DOC, In your own words what was your current offense, what happened? And do you believe your crime was related to a substance abuse issue?

Do you have a substance abuse issue? ☐ Y ☐ N

If you answer yes, what have you done to try and correct this behavior?

Please give all specifics that are in your Judgement and sentence please be complete in this area, failure to disclose some information can result in you being denied residence at Opportunity House



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Do you have any No contact orders in Spokane? ☐ Y ☐ N

If the answer is yes with whom and where is their location(s)

Are you related to or a member of any gang local or abroad? ☐ Y ☐ N

If you answered yes to the last question, have you debriefed or are you still active?

☐ Y ☐ N

Name of the gang you are affiliated with: _____

****You will not be denied acceptance to opportunity house Soley due to gang affiliation. This information is gathered so that we can place you safely into one of our properties****

How many times have you been to treatment or tried to stop using drugs or alcohol, and what do you believe you can do differently this time to succeed?

*If you are caught under the influence of drugs or alcohol while at Opportunity House, you will be asked to leave. You will have 15 minutes to gather your things and be off the property. This does not mean that you cannot return, however you will not be allowed to return for a minimum of 3 days and not until after you re-apply. YOU MUST be able to supply a clean urine sample and breathalyzer before you can return ☐ **Initial***

*If you are asked to leave because of breaking any of our rules you can reapply for **\$100** processing fee.*

Once you have been accepted to opportunity house and DOC has submitted our address, your room will be reserved. You must inform us of any change to this placement within 2 weeks of arrival, if you fail to inform of you will be charged the full month rent in the amount of \$700

What is your marital status ☐ Married, ☐ Divorced, ☐ Single

Do you have any children?



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Our visiting rules are as follows:

- 1. All visitors must remain in common areas (living room, kitchen, etc)*
- 2. No visitors inside your bedroom*
- 3. No overnight guests*
- 4. Any visitor found to be under the influence of drugs or alcohol will be asked to leave and will never be allowed to return. Your visitors are under the same policies as the residents. They reflect the resident and as such, the resident may also be asked to leave the property*
- 5. No visitors after 10 pm except for New Years Eve, or fourth of July celebrations*
- 6. No visitor under the age of 15 will be allowed to be unsupervised at any time during their visit*
- 7. Between 10 pm and 9 am it is quite time*

Please initial that you have read the visiting policy []

Finally in your own words why you think you will be a good fit for Opportunity House? _____

Signature

Date



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OPPPORTUNITY HOUSE CHORE LIST

1. THE LIST WILL BE POSTED BY THE HOUSE MANAGER EVERY SUNDAY FOR THE COMING WEEK
2. AFTER THE CHORE IS COMPLETED THE CLIENT WILL INTIAL OR SIGN HIS NAME IN THE SPACE PROVIDED
3. THE CHORE LIST IS AS FOLLOWS (CHORES WILL CHANGE TO ACCOMMODATE THE SEASONS)
4. THE LIST WILL INCLUDE:
 - a. CLEAN THE FLOOR AND ENTRY WAY, PORCH [] *Initial*
 - b. COMMON AREAS [] *Initial*
 - c. KITCHEN [] *Initial*
 - d. BATHROOMS [] *Initial*
 - e. ALL CLIENTS WILL CLEAN UP AFTER THEMSELVES, IF YOU DIRTY IT, YOU CLEAN IT [] *Initial*
 - f. LAWN CARE, TO INCLUDE LAWN WATERING & MOWING AND GRASS REMOVAL (GAS WILL BE SUPPLIED) [] *Initial*
 - g. FLOWER BED CARE [] *Initial*
 - h. GARBAGE [] *Initial*
 - i. WINDOWS [] *Initial*
 - j. SNOW REMOVAL WHEN NEEDED (ROCK SALT WILL BE SUPPLIED) [] *Initial*
5. LAWN MOWERS AND SNOW SHOVELS WILL BE PROVIDED, I'TS UP TO YOU TO MAINTAIN THEM
6. CLIENT ROOMS ARE TO REMAIN CLEAN AND ORDERLY AT ALL TIMES
7. ROOMS ARE NOT TO STORE FRESH FRUITS OR MEATS ALL PERASHABLE FOODS SHOULD BE STORED IN THE REFRIDGERATOR AND PANTRY

IF YOU HAVE ANY QUESTIONS REGARDING THE ABOVE STATED RULES, PLEASE SEE THE HOUSE MANAGER. IF YOU HAVE HEALTH ISSUES I.E. ALLERGIES, PLEASE LET THE HOUSE MANAGER KNOW. ALL CLIENTS WHO LIVE IN ONE OF OPPORTUNITY HOUSES WILL HAVE CHORES AND THE CHORES ARE TO BE DONE DAILY OR AS NEEDED