

## **The Martin House**

*a sober living facility*

**381 S 2nd Street  
Steelton, PA 17113**

**John Langel, Director**

**John@friendsoverfences.org**

**https://themartinhouse.org**

**Emergency Phone 717-329-5494**



The Martin House provides residents with a living environment that is free from drugs and alcohol.

Typically, an applicant is coming from a rehabilitation facility, another recovery house, a hospital, incarceration, or a non-recovery situation which endangers their sobriety.

Applicants with a history of alcohol, opioid or stimulant use must be sober for 30 days and willing to submit to intake drug testing as well as random drug testing and are interested in sober housing may apply.

The Martin House is an equal opportunity support housing provider and does not discriminate based on ethnicity or race, religious beliefs, sexual orientation, education, or substance addiction. However, for the safety of our community, we do not accept violent criminal offenders and sexual offenders who are SVP.

The Martin House residents pay a weekly rent of \$175 or \$600 in advance which includes internet access and all utilities (excluding cable or phone) and help with meals.

We will evaluate each situation to determine if the applicant is a good fit for The Martin House.

Applicants must apply to start the evaluation process. All questions must be answered in full and honestly. Any falsehoods on the application will result in permanent disqualification.

What treatment facility or prison drug/alcohol treatment facility are you coming from? .....

IF NONE, please do not apply.

Applicant Name(required)  
 First Name .....  
 Last Name .....  
 Date of birth(required).....  
 Last 4 of SSN(required).....  
 Phone(required) .....  
 Applicant Email(required) .....  
 Current Address - the last place you lived before entering treatment(required)  
 Address Line 1(required) .....  
 Address Line 2.....  
 City(required) .....  
 State(required).....  
 ZIP Code(required) .....  
 Emergency Contact - Blood Relative or Spouse  
 Emergency Contact Name(required)  
 First Name .....  
 Last Name.....  
 Emergency Contact Relationship(required)  
 Emergency Contact Phone.....  
 Emergency Contact Email .....  
 Current Treatment Facility(required) .....  
 Projected Treatment Completion Date(required).....  
 Counselor Name(required)  
 First Name.....  
 Last Name.....  
 Counselor Phone(required) .....  
 Counselor Email(required) .....  
 Aftercare Case Manager(required)  
 First Name.....  
 Last Name.....  
 Case Manager Phone(required) .....  
 Case Manager Email(required) .....

Education (Circle One) Finished High School -- College -

Skills or special training .....

Marital Status -- Married Divorced (Circle One)

Work History(required)  
(Last Two Jobs)

.....Date...../.....Reason for leaving?.....

.....Date...../..... Reason for leaving?.....

Do you have a valid driver's license? . YES / NO (Circle One)

If not, how long before you can reapply for one?

Do you have children? (required) (Circle One)

Yes Names and ages?.....

No

Are you required to pay child support. YES / NO (Circle One)

If you have been convicted of a crime, fill in below:

Criminal Record – List Convictions	Prison from when to when
	/
	/
	/
	/
	/
	/
	/

Are you currently on Parole or Court Supervision YES / NO (Circle One)

Who do your report to? Name.....Phone #.....

Are you on Megan's List YES / NO (Circle One)

If YES, what level Tier #1 Tier #2 Tier #3 (Circle One)

Upon completion of this application and your acceptance into our program you will be informed of house rules, residency requirements and lease agreements.