



Aim High LLC

AIM HIGH LLC SOBER LIVING APPLICATION

Aim High LLC

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Recovery • Accountability • Commitment

ZERO-TOLERANCE SOBER LIVING REQUIREMENT (MANDATORY)

Aim High LLC is a sober living environment with a ZERO-TOLERANCE POLICY.

- No drugs or alcohol are permitted at any time, including THC/marijuana, misuse of prescriptions, or any illegal substances.
- All participants must remain completely sober for the entire duration of their stay at Aim High LLC.
- Any positive UA, including THC, will result in immediate removal, regardless of outside permissions (including probation or parole).
- No exceptions.

Failure to comply will result in immediate discharge.

A. Applicant Information

Full Legal Name: _____

Date of Birth: _____ SSN: _____

Phone: _____ Email: _____

Current Address: _____

City/State/Zip: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

B. Background Information

1. Briefly describe your background (family, work history, life experience): _____



2. Military Service

Have you ever served in the military? ☐ Yes ☐ No

If yes:

Branch: _____

Years of Service: _____

Discharge Status (if applicable): _____

C. Legal & Criminal History

3. Have you ever been arrested or incarcerated? ☐ Yes ☐ No

4. List ALL charges you have ever received (including dates and locations):

1. _____
2. _____
3. _____
4. _____
5. _____

5. What behaviors, choices, or substance use led to these charges? _____

6. Are there any pending charges, warrants, or open legal matters? ☐ Yes ☐ No

If yes, please explain: _____

D. Supervision & Program Participation

7. Are you currently on probation, parole, or any form of supervision? ☐ Yes ☐ No

If yes, complete the following (required):

- PO / Case Manager Name: _____
- Agency / Department: _____
- Phone Number: _____
- Email (if known): _____

8. List ALL programs you are currently enrolled in (check all that apply and provide details):

☐ Probation / Parole

☐ Court-Ordered Treatment



Aim High LLC

- ☐ Outpatient Treatment
- ☐ Intensive Outpatient (IOP)
- ☐ Mental Health Counseling
- ☐ Substance Use Counseling
- ☐ Employment Program
- ☐ Faith-Based Program
- ☐ Other (specify): _____

Program Name(s) & Schedule:

1. _____
2. _____
3. _____
4. _____
5. _____

E. Substance Use History (REQUIRED – FULL DISCLOSURE)

List ALL substances you have used in your lifetime.

Substance: _____

Age First Used: _____

Last Use Date: _____

Frequency: _____

Alcohol: _____

Marijuana / THC: _____

Methamphetamine: _____

Cocaine / Crack: _____

Opioids (Heroin/Fentanyl/Pills): _____

Benzodiazepines: _____

Other: _____

9. Which substances put you at the highest risk of relapse? Why? _____



10. Have you relapsed after treatment or sober living before? ☐ Yes ☐ No

If yes, explain what happened: _____

F. Addiction & Behavioral Risk Factors

(Check all that apply)

- ☐ Substance dependency
- ☐ Criminal thinking patterns
- ☐ Peer influence
- ☐ Anger / impulse control
- ☐ Codependent relationships
- ☐ Untreated mental health concerns
- ☐ Gambling or other addictive behaviors
- ☐ Other: _____

11. What situations, behaviors, or people increase your risk of relapse? _____

G. Recovery, Commitment & Goals

12. How did you hear about Aim High?

- ☐ Probation / Parole
- ☐ Court / Attorney
- ☐ Treatment Program
- ☐ Friend / Family
- ☐ Church / Community
- ☐ Online / Social Media
- ☐ Other: _____

13. Why do you want to live at Aim High? _____



Aim High LLC

14. What changes do you want to make in your life while living at Aim High? _____

15. What does success look like for you after leaving Aim High? _____

16. Are you willing to submit to random UAs with zero tolerance?

☐ Yes ☐ No

17. Do you fully understand that ANY drug or alcohol use (including THC) will result in immediate removal?

☐ Yes ☐ No

18. Are you fully committed to remaining sober for the entire duration of the program?

☐ Yes ☐ No

Applicant Acknowledgment

I acknowledge that Aim High operates under a strict zero-tolerance sober living policy. I understand that any drug or alcohol use, including THC, will result in immediate discharge. I certify that all information provided is truthful and complete.

Applicant Signature: _____

Date: _____

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Reviewed By: _____

Decision: ☐ Approved ☐ Denied ☐ Waitlisted

Notes:
