The Healing River House

Women's Recovery Residence | San Antonio, Texas

Client Application Packet

Application status: The public online application is temporarily offline. Please complete this packet and contact Stephanie Anderson directly for next steps.

Send or discuss next steps

Call/text Stephanie Anderson, House Manager and Strategic Operations Consultant, at 817-692-9624. Email: s.anderson@healingriverhouse.com

Program fee details

Introductory rate: $800/month for the first two months. This introductory rate is available for both non-MAT and MAT service participants. After the first two months, standard monthly program fees apply: Non-MAT: $1,000/month. MAT: $1,500/month. Required deposit: $200, separate from the monthly program fee.

How to complete this packet

Please answer as clearly as you can. If a question does not apply, write N/A. If you are unsure, write what you know right now. This application helps Healing River House understand fit, safety, structure, support needs, and next steps.

Healing River House is not a substitute for licensed medical, mental health, detox, or crisis services. If this is an emergency, call 911. For suicidal thoughts or mental health crisis support in the U.S., call or text 988.

- [ ] **I understand this packet is used to begin a fit and readiness conversation, not to guarantee acceptance or placement.**
- [ ] **I give Healing River House permission to contact me about this application using the phone number or email I provide.**

1. Basic Information

Full legal name

Preferred name

Date of birth

Age

Today's date

Phone

Email

Current address

City / State

ZIP

Best way to contact you

Best time to contact you

Who referred you to Healing River House?

Emergency Contact

Name

Relationship

Phone

Email

Any immediate safety concerns or urgent needs we should know before speaking with you?

2. Current Recovery Situation

Choose the option that best describes where you are right now.

- [ ] Residential treatment / rehab
- [ ] Detox
- [ ] Hospital or crisis stabilization
- [ ] Currently in sober living
- [ ] Living with family or friends
- [ ] Unhoused or unstable housing
- [ ] Outpatient / IOP / PHP
- [ ] Other

If other, or if you want to explain your current situation, write here.

Date of last use

Drug of choice (DOC)

What support do you need most right now?

Recovery Pathway

- [ ] AA
- [ ] NA
- [ ] SMART Recovery
- [ ] Recovery Dharma
- [ ] Celebrate Recovery
- [ ] Therapy / counseling
- [ ] Faith-based support
- [ ] Medication-assisted treatment (MAT)
- [ ] Other

If other, or if there are recovery supports you already use, write here.

3. Practical Needs

Check any immediate needs where support, planning, or referrals may be helpful.

- [ ] Transportation
- [ ] Employment
- [ ] Education
- [ ] ID
- [ ] Banking
- [ ] Food
- [ ] Clothing
- [ ] Medical appointment coordination
- [ ] Recovery meetings / support groups
- [ ] Other

Notes about practical needs

Current Stability

Transportation status

Identification status

Banking status

Employment status

Education / school status

Are you willing and able to participate in work, school, volunteering, recovery activities, or other structured routines?

4. Support, Therapy, and Safety

- [ ] I have a sponsor or recovery mentor
- [ ] I am looking for a sponsor or recovery mentor
- [ ] I have family or community support
- [ ] I have limited support right now
- [ ] I am currently in therapy
- [ ] I would like therapy resources
- [ ] I have a prescriber or medication provider
- [ ] I need help coordinating care

Support system notes

Therapy, medication, or appointment coordination notes

5. Legal / Scheduling Considerations

- [ ] No current legal or scheduling concerns
- [ ] Probation / parole
- [ ] Court dates
- [ ] Treatment court
- [ ] Child welfare / CPS
- [ ] Work schedule considerations
- [ ] Medical appointments
- [ ] Prefer to discuss by phone

General legal or scheduling notes

6. Payment / Program Fees

- [ ] Self-pay
- [ ] Family support
- [ ] Agency / program assistance
- [ ] Scholarship request
- [ ] Other

Payment or program fee notes

7. Program Fit Acknowledgment

I understand that Healing River House is a structured recovery house and may require participation in recovery-supportive activities, therapy or treatment verification where applicable, work, school, volunteering, meetings, sponsorship, accountability, program rules, and other written expectations. I understand that if Healing River House is not the right fit, or if I am unwilling or unable to follow program expectations, the team may refer me to another house or more appropriate level of support.

☐ **I understand and agree to the program-fit acknowledgment.**

8. Participation Acknowledgment

I understand Healing River House is substance-free; meeting attendance, sponsor/step work, program fee payment, curfew, communication, and participation expectations may apply; relapse, dishonesty, refusal of testing, or safety concerns may result in discharge; and Healing River House is not a substitute for licensed mental health, medical, detox, or crisis care.

☐ **I understand and agree to the participation acknowledgment.**

Applicant Certification

By signing below, I confirm that the information I provided is true to the best of my knowledge and that I understand Healing River House will use this information to discuss program fit, availability, and next steps.

Applicant signature	**Date**
Printed name	**Phone**

Healing River House Use Only

Date received

Reviewed by

Phone screen scheduled

Tour scheduled

- [ ] Potential fit
- [ ] Needs more information
- [ ] Refer to higher level of care
- [ ] Refer to alternate housing
- [ ] Waitlist
- [ ] Not a fit at this time

Screening notes

Next steps

Contact for next steps: Stephanie Anderson - House Manager and Strategic Operations Consultant - 817-692-9624 - s.anderson@healingriverhouse.com