



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: \$200/week, or \$800/month, for the first two months.
Standard program fee: \$250/week, or \$1,000/month after the first two months.
Required deposit: \$200. The deposit is separate from the weekly/monthly program fee.
Scholarship opportunities may be available.

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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
- ☐ Hospital or crisis stabilization
- ☐ Living with family or friends
- ☐ Outpatient / IOP / PHP
- ☐ Detox
- ☐ Currently in sober living
- ☐ Unhoused or unstable housing
- ☐ 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
- ☐ SMART Recovery
- ☐ Celebrate Recovery
- ☐ Faith-based support
- ☐ Other
- ☐ NA
- ☐ Recovery Dharma
- ☐ Therapy / counseling
- ☐ Medication-assisted treatment (MAT)

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

Support system notes

Therapy, medication, or appointment coordination notes

5. Legal / Scheduling Considerations

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

General legal or scheduling notes

6. Payment / Program Fees

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

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