



MELBOURNE ALCOHOL RECOVERY CENTRE Inc.  
ABN 21 227 890 601

33 A Newton St. Reservoir Victoria 3073  
email: info@marc.net.au web: www.marc.net.au tel: 9471 1052 fax: 9471 2569

APPLICATION FOR CLIENT ENTRY INTO MARC RECOVERY HOUSES

Before filling in the application form please read the following information:  
It is a stipulation of the MARC that you:

- Remain totally abstinent from both alcohol and drugs
- Attend meetings of Alcoholics Anonymous as set out by MARC AOD counsellors
- Participate in group programs
- Attend meetings for Individual Treatment Planning
- Have a commitment to work on individual treatment goals
- Participate in communal meals as arranged
- Complete rostered duties (cooking/cleaning)
- Sleep overnight unless pre-arranged (first 30 days sleep at premises)
- Acquaint yourself with house rules and guidelines (supplied on entry)

Note:

The MARC is a recovery service not a rehab. Please ensure you are fully detoxed prior to arriving at a MARC house. The MARC is not a housing service, it is a safe/sober environment for those wishing to recover from addiction to alcohol. There are two up-front payment costs that must be paid PRIOR to moving in.

- 1) A refundable Sobriety Assurance payment of \$ 398.00 (repaid upon exit from a MARC house but conditional upon sobriety having been maintained).
- 2) Two weeks rent in advance \$ 398.00  
This is a total upfront payment of \$ 796.00.

The MARC provides access to counselling group and individual plus referrals to other services at no additional cost.

Who have you been referred by? \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Mob): \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_

What is your main substance of choice? \_\_\_\_\_

How Much? \_\_\_\_\_

How Long? \_\_\_\_\_

Last Used? \_\_\_\_\_

Please list other substances used and how long you used each one for:

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Please list prescribed medication below:

Medication, Strength, Daily Dose, Reason for Taking

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Please list over the counter medication:

Medication, Strength, Daily Dose, Reason for Taking

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Where and When else have you received treatment for your addiction?

Year, Month, Duration, Provider, Type of Treatment

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Do you have any other health issues? (Include psychiatric, physical, etc):

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Please tick if you have a history of violence when sober/clean.

YES

Please give details below:

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Please tick if you have any outstanding legal issues.

YES

Please give details below:

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#### Employment Status

Employed – Yes  No

Occupation \_\_\_\_\_

Centrelink Recipient – Yes  No

If yes, benefit type (eg Newstart/Disability,Pension etc.) \_\_\_\_\_

If you wish to be placed on the MARC waiting list, make sure this form has been completed in full, marked Private & Confidential and post to:

Program Manager  
Melbourne Alcohol Recovery Centre Inc.  
31 St James Rd  
Rosanna Vic 3084  
Ph: 9458 5001  
Fax: 9458 5001

Or e-mail to [programmanager@marc.net.au](mailto:programmanager@marc.net.au) Fax: 9458 5001