



Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Marital Status: _____

Cell Phone: _____ Home Phone: _____

Driver's License Number: _____ State: _____

Have you lived in a halfway house? When? Where? _____

Do you have a payee? (name and address) _____

Do you receive SSI or Disability payments? Yes _____ No _____ Type: _____

What is your highest level of education? High School Graduate _____

GED _____ College _____ Other _____

Where did you live before moving here? (City, State) _____

What is your source of Income? _____

Are you employed? If yes, what kind of work do you do? _____

Name of Employer: _____

Hours: _____

Supervisor Name: _____ Phone: _____

Enrolled in School Full-Time/Part-Time: _____

Name of School: _____

What is your means of transportation: _____

Have you lived in a Sober Living Home before? (When/Where) _____

What kind of medical problems (physical or emotional) do we need to know about you?

Medications presently taking? _____

Age you first used drug/drank: _____

Addictions or compulsive behaviors you have: _____

Drug(s) of choice? _____

Date of last use? _____ # of relapses in the past year? _____

Treatment program completed: _____

Counselor/Caseworker: _____

After-care requirements: _____

Drug Treatment Plan? _____

Have you received any DUI's or DWI's? Yes _____ No _____ If yes, how many? _____

Do you have problems with rules or authority? _____

Are you prejudiced towards any group or race? _____

Have you ever considered suicide? Yes _____ No _____ If yes, how long ago? _____

Conditions of entry: _____

Who to call in case of an emergency:

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Print Name: _____

Signature: _____ Date: _____