

Application

FormName: _____ Address: _____

City: _____
State: _____ Zip: _____ Date of Birth: _____
Marital Status: _____ Cell Phone: _____
Home Phone: _____ Email Address: _____

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) _____ Do you have any medical issues that would impede your recovery or prevent you from being able to live by yourself?

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

_____ 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? _____ If you answered yes to the

previous question, do you agree to enter into a plan of action, if needed? Yes _____ No _____

Veteran: _____ Branch: _____ Probation/Parole: _____

End Date: _____ Probation Officer's Name: _____

_____ 34City & County: _____

_____ PO's Phone: _____ Court Case/Charges _____

Pending: _____ Have you ever been ARRESTED for a sex crime or arson? Yes _____ No _____ If yes, when? _____

_____ Felony convictions (what, where, and when): _____

Conditions of entry: _____

Who to call in case of an emergency:

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Phone: _____

Relationship: _____

Emergency Contact Email Address: _____

Emergency ContactName: _____ Emergency

Contact Address: _____ Emergency

ContactPhone: _____ Relationship: _____

Emergency Contact Email Address: _____ Emergency

ContactName: _____ Emergency Contact

Address: _____

Emergency ContactPhone: _____ Relationship: _____

Emergency Contact Email Address: _____

Print Name: _____

Signature: _____ Date: _____