



INTAKE APPLICATION

Applicant Information:

Today's Date:		Desired move in date :		Reason for move:	
Name:					
Date of birth:		SSN:		Phone:	
Current address:					
City:		State:		ZIP Code:	
Own _____ Rent _____		Monthly payment or rent:		How long?	
Previous address:					
City:		State:		ZIP Code:	
Owned _____ Rented _____		Monthly payment or rent:		How long?	
Marital Status: Married _____ Never married _____ Separated _____ Divorced _____					
Level of education completed: _____			Veteran: Yes _____ No _____		
Are you pregnant: Yes _____ No _____ NA _____					
Referred by _____					

Recovery and Substance Use:

Do you think you have a problem with alcohol?:	Do you think you have a problem with drugs?:
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List drugs/alcohol you used addictively:

1st Substance _____ Route (smoke, IV, Oral) _____

Date of last use: _____ Age of 1st use _____

2nd Substance _____ Route (smoke, IV, Oral) _____

Date of last use: _____ Age of 1st use _____

3rd Substance _____ Route (smoke, IV, Oral) _____

Date of last use: _____ Age of 1st use _____

Other Substances _____



When did you attend your last AA or NA meeting :
How many meetings have you attended in the last 30 days :
Do you have a sponsor? Yes ___ No ___ If yes: Name _____ Phone _____

Do you have any other addictions or disorders: i.e. eating disorder, cutting, sex addict? Yes ___ No ___ If yes, please describe: _____ Are you on any maintenance programs, and if so which? _____ Are you interested in a maintenance program, and if so which? _____ How much clean time do you currently have? _____ What is the longest you have gone substance free? _____ How many previous recovery attempts/relapses have you had? _____



Legal:

Have you been arrested in the past 30 days: Yes ___ No ___

Are you currently on probation or parole: Yes ___ No ___

IF Yes: Court _____ Length of Probation or Parole: _____

Probation Officer Name: _____ Phone: _____

Are you mandated here: Yes ___ No ___

Please list any pending legal problems, i.e. Court dates, defaults, violations, warrants etc.

Please describe: _____

Do you have any active restraining orders against you or someone else? Yes ___ No ___

If yes, provide name and details: _____

Medical:

Do you take any prescription medications: Yes ___ No ___

If yes please list: _____

Do you have any medical conditions or allergies? : Yes ___ No ___

If yes, please describe: _____

Do you have a primary care physician: Yes ___ No ___

If yes, Name: _____

Address: _____

Phone: _____



Employment:			
Current employer:			
Employer address: _____			
Phone: _____			
Position: _____			
Current work Schedule - Indicate Hours			
M _____ T _____ W _____ T _____ F _____ S _____ S _____			
List Last 2 Employers:			
Company Name:	Address:	Phone:	Supervisor or Contact:
Dates Employed:			
Company Name:	Address:	Phone:	Supervisor or Contact:
Dates Employed:			
If unemployed what are your plans for getting a job: _____			
Please list your vocational skills/specialized training or certifications: _____ _____			
Are you receiving welfare, disability, assistance or other non-job related income? Yes ___ No ___			
If yes, indicate source: _____			
What is your monthly gross income right now: _____			
Do you have a valid driver's license? Yes ___ No ___			
Do you have a car: Yes ___ No ___ If yes, is it registered and insured? Yes ___ No ___			
Registration: _____ Insurance Co _____ Policy # _____			



Emergency Contact:

1. Name of a person not residing with you:			
Address:			
City	State:	ZIP Code:	Phone:
Relationship:			
2. Name of a person not residing with you:			
Address:			

City:	State:	ZIP Code:	Phone:
Relationship:			
3. Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Other Info:

Please list hobbies and special interests: _____
What would you say your best characteristics are: _____
Have you ever lived in a home shared with other people? Yes ____ No ____
Do anticipate any problems with sharing the responsibilities of a community home? Yes ____ No ____
What is your main goal at this time? _____ _____
Anything else you want to tell us? _____



References		
Name:	Address:	Phone:
I authorize the verification of the information provided on this form as to my legal and employment.		
Signature of applicant:		Date: