



APPLICATION DATE: _____

ARRIVAL DATE: _____

MALE / FEMALE
(CIRCLE ONE)

INTAKE / APPLICATION FOR RESIDENCY

PERSONAL INFORMATION

Last Name _____ First Name _____ Hometown _____
DOB _____ Age _____ Marital Status _____
Phone # _____ E-Mail _____ Children? YES / NO

DRUG HISTORY

Drug(s) Of Choice 1) _____ 2) _____ 3) _____
How Used? _____

INSURANCE? YES / NO - Provider _____
Phone # _____ ID # _____ Group # _____

TREATMENT HISTORY

Current Treatment _____ Length Of Stay _____ Clean Time _____
Counselor: _____ Phone # _____
E-Mail: _____
Other Treatment(s) & Dates _____

CRIMINAL BACKGROUND

Any Criminal Charges? YES / NO _____
Currently On Probation Or Parole? YES / NO _____
PO's Name _____ Phone # _____ E-Mail _____
Special Notes _____

MEDICAL INFORMATION

List Any Medications And/Or Medical Conditions We Need To Be Aware Of _____

SOURCE OF INCOME

Self _____ Family _____ Other _____
Education / Job Skills: _____

Drivers License # _____ Car? YES / NO

EMERGENCY CONTACT

Name _____ Phone # _____ Relationship _____

ITEMS TO BRING ALONG

Drivers License • SS Card • Insurance Card(s) • Toiletries • Clothes • Food