



## APPLICATION

### Resident Information

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medications I am currently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you on probation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, what county and who is your probation officer: \_\_\_\_\_

Do you have any pending court dates? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when and what for:

\_\_\_\_\_

Sex Offender? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your primary drug(s) of choice?

\_\_\_\_\_

Have you been diagnosed with a mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is your diagnosis: \_\_\_\_\_

Are you currently in treatment for your diagnosis? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you prescribed medication by a Physician?

Are you currently in or have you completed outpatient alcohol or drug treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Facility name and phone number. \_\_\_\_\_

Date of Graduation? \_\_\_\_\_

Have you completed inpatient alcohol or drug treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Facility name and phone number. \_\_\_\_\_

Date of Graduation? \_\_\_\_\_

**EMERGENCY CONTACTS**

Emergency Contact 1: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Give access to all records? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact 1: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Give access to all records? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact 1: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Give access to all records? Yes \_\_\_\_\_ No \_\_\_\_\_