

Recovery Community
Application

Projected Arrival Date: _____

Name: _____ Age: _____ DOB: _____

Address: _____ Phone: _____

Marital Status: _____ Race: _____ Gender: _____

Emergency Contact: _____ Phone: _____

Drug(s) of Choice: _____

Sobriety/Clean Time: _____ Sponsor: _____

Prior treatment: _____ / Where? _____

Mental Health Diagnosis: _____

List of Medications: _____

Date of last Physical: _____ TB Test: _____

Suicide Attempts: _____ Plan Y/N? Suicide Thoughts Y/N? _____

History of Physical/Mental Abuse: _____

Legal Convictions: _____ Violence or other convictions: _____

Parole or Probation Officer's Name: _____

Phone: _ _ - _ _ - _ _ _ _ Fax: _ _ - _ _ - _ _ _ _ Funds Pledged Y/N? Who? _____

Employed Y/N? Where: _____ Disability Y/N? \$ _____

Referred By: _____

I _____, voluntarily answered these questions without coercion or under the influence of any mood altering substance.

Signature: _____ Date: _____