



___ Men's Sober Housing
___ Women's Sober Housing

APPLICATION FORM

Name: _____
Last First MI

Today's Date: _____ Telephone Number: _____

Who Referred You: _____ Phone #: _____ Agency: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Social Security Number: _____ Ethnicity: _____

Address: _____ Zip Code: _____

County of Residence: _____ Male: _____ Female: _____

Years of education completed: _____

Do you have a: High School Diploma ___ GED ___ College Degree _____

Employment Skills: _____

Any legal charges against you? ___Yes ___No If yes, are you on probation? ___Yes ___No

Name of PO: _____ Please explain charges: _____

Do you have any medical conditions or disabilities that may interfere with employment? _____

List any medications you are on: _____

Drug of choice: _____

Have you ever been treated for a mental health condition? ___Yes ___No

If yes, where and when: _____

Diagnosis: _____ Doctor/Counselor: _____

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Page 2

Current marital status: Single Married Separated Divorced
 Widowed Living with someone Not in relationship

Name of a family member or close associate for emergency notification: Name: _____

Address: _____ Phone: _____

Medications you take, if any:

Are family members supportive of your treatment at this time? Yes No Please describe:

**I have read and understand this application and submit my
request for admission into Sober Housing**

Signed: _____

Date: _____