



**PLEASE PRINT**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First Middle Last

Social Security Number \_\_\_\_\_ DOC Number (if applicable) \_\_\_\_\_

Marital Status (check one): Married Never Married Separated Divorced In a relationship

Spouse / Significant Other Name \_\_\_\_\_

Is there a history of violence? Yes No

Do you feel you are in danger from former relationship? Yes No

Is there currently a restraining order against the offender? Yes No

Current Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Is this a treatment facility? Yes No If yes, provider \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Primary Counselor (if any): \_\_\_\_\_

Phone numbers where you can be contacted:

Home ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Are you an Alcoholic? Yes No If yes, date of your last drink \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you addicted to drugs? Yes No If yes, date of last drug use \_\_\_\_/\_\_\_\_/\_\_\_\_

List drugs you used addictively: \_\_\_\_\_

Do you have a medical and/or psychological diagnosis? Yes No

Do you take prescription drugs? Yes No (If additional space is needed, please list on back page.)

Drug \_\_\_\_\_ Dosage \_\_\_\_\_ Diagnosis \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Next appt \_\_\_\_/\_\_\_\_/\_\_\_\_

Drug \_\_\_\_\_ Dosage \_\_\_\_\_ Diagnosis \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Next appt \_\_\_\_/\_\_\_\_/\_\_\_\_

Drug \_\_\_\_\_ Dosage \_\_\_\_\_ Diagnosis \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Next appt \_\_\_\_/\_\_\_\_/\_\_\_\_

Drug \_\_\_\_\_ Dosage \_\_\_\_\_ Diagnosis \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Next appt \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been hospitalized for this or any other conditions that are psychologically related? Yes No

If yes, when? \_\_\_/\_\_\_/\_\_\_\_\_ Facility \_\_\_\_\_

Do you currently receive counseling for conditions that are psychologically related? Yes No

How often? \_\_\_\_\_ Counselor \_\_\_\_\_

Do you have a disability for which you are currently receiving special services (Social Security Disability, Big Five services, etc)? Yes No

If yes, what services and through what agency \_\_\_\_\_

Are you employed? Yes No If yes, where? \_\_\_\_\_ If you do not have a job, do you plan on getting one? Yes No

If yes, what plans do you have? \_\_\_\_\_

What is your **monthly** income right now? \$ \_\_\_\_\_

What do you expect your monthly income to be next month? \$ \_\_\_\_\_

Are you getting welfare or other non-employment income? Yes No

If yes: DHS (type) \_\_\_\_\_ Food Bank Tribal Assistance YWCA SSI

Do you receive Food Stamps? Yes No If yes, amount? \$ \_\_\_\_\_

Please list all previous facilities you have lived (treatment facilities, shelters, halfway houses, etc):

Provider \_\_\_\_\_ Type of facility \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Length of stay \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Primary Counselor (if any): \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

Provider \_\_\_\_\_ Type of facility \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Length of stay \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Primary Counselor (if any): \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

Provider \_\_\_\_\_ Type of facility \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Length of stay \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Primary Counselor (if any): \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

Have you ever lived in a sober-living facility before? Yes No

If yes, provide the name and location below and answer next question:

Name \_\_\_\_\_ Location (City/State) \_\_\_\_\_

I left the previous sober-living facility for the following reason (check one):

Relapse Voluntarily Other reason(s) (list) \_\_\_\_\_

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

I do  do not owe money to the facility I left.

If I do owe money, I will agree to repay the money I owe. Yes  No

Date you want to move in: Immediately  Other (date) \_\_\_/\_\_\_/\_\_\_

If you listed a future date, please explain why : \_\_\_\_\_

Do you have children that will be living with you? Yes  No  If yes, please list name(s) and age(s):

Is / Are your child(ren) currently enrolled in and actively attending school? Yes  No

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Are they receiving counseling, etc? Yes  No

If yes, where and for what? \_\_\_\_\_

Are they taking any meds? Yes  No

If yes, please list:

Drug \_\_\_\_\_ Dosage \_\_\_\_\_ Diagnosis \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Next appt \_\_\_/\_\_\_/\_\_\_

Drug \_\_\_\_\_ Dosage \_\_\_\_\_ Diagnosis \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Next appt \_\_\_/\_\_\_/\_\_\_

Drug \_\_\_\_\_ Dosage \_\_\_\_\_ Diagnosis \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Next appt \_\_\_/\_\_\_/\_\_\_

Is there an open case with DHS Child Welfare? Yes  No

Child Welfare worker \_\_\_\_\_ Issue \_\_\_\_\_

Is there a standing custody order to demonstrate that the child(ren) is/are in the mother's custody? Yes  No

Is there a court case pending? Yes  No  Attorney \_\_\_\_\_

Probation Officer \_\_\_\_\_

Terms of probation \_\_\_\_\_

Are there any outstanding tickets? Yes  No

Emergency Telephone Numbers (list two (2) family members or friends)

Name

Relationship

Number

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

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

I, \_\_\_\_\_, have read all of the material on this application form. I have answered each question honestly and want to achieve recovery from alcoholism and/or drug addiction without relapse. I give my permission to contact my employer, counselor, previous treatment facilities, DHS, shelter or any other agency/facility previously and/or currently involved in my care.

\_\_\_\_\_

Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

