|  |
| --- |
|  |

# New Life Jax Recovery Services Sober Living Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | Drug of Choice.: |  | Age when use began: |  |

|  |  |
| --- | --- |
| Emergency Contact: | Name: Ph# Relationship: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a registered sex offender? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been in Sober Living? | YES | NO | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been to a Mental Facility? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Past Treatment History

|  |  |  |  |
| --- | --- | --- | --- |
| Facility name: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you complete? | YES | NO | If no, explain: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Facility name: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you complete? | YES | NO | If no, explain: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you complete? | YES | NO | If no, explain: |  |

## Personal Profile

|  |  |  |  |
| --- | --- | --- | --- |
| Marital Status: |  | Are you on probation? |  |
| Number of Children: |  | Court dates? |  |
| Are you employed? |  |  |  |
|  |  |  |  |
| Full Name: |  | How long: |  |
| Company: |  | Income: |  |
| Address: |  |  |  |
|  |  |  |  |

## Medical

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | Please answer the following questions to the best of your ability.  Allergies:  Seizures:  Reading/Writing problems:  Diabetes:  High Blood Pressure:  Staff/ MSRA/ Rashes:  Hepatitis:  Tuberculosis:  If you smoke, would you like help from Tobacco Free Jacksonville in quitting? | | |  |  |
|  | |  |  |  | |
|  | |  |  |  | |

## Types of Medication Taken

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

## Medical History

**1.**

**2.**

**3.**

**4.**

**5.**

## Criminal History

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Was this a Felony? | YES | NO | If yes, explain: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Was this a Felony? | YES | NO | If yes, explain: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Was this a Felony? | YES | NO | If yes, explain: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Was this a Felony? | YES | NO | If yes, explain: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Was this a Felony? | YES | NO | If yes, explain: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Was this a Felony? | YES | NO | If yes, explain: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Was this a Felony? | YES | NO | If yes, explain: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance into New Life Jax Recovery Services Sober Living Program, I understand that false or misleading information in my application or interview may result in my release from the program.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |