MOTIF
SOBER LIVING

Resident Application

Name _____

DOB:_____SSN:_____

Driver's License#_____ or State Picture I.D._____

Current Address:

_____

Own____ Rent____ Other____

Home Phone:_____Cell:_____

Marital Status: Married____ Single____ Divorced____

Do you have children? Yes____ No____ If yes, how many?_____

Names and ages:_____

_____

Do you own a vehicle? _____ Make:_____ Model:_____ Year:_____

Education: What is your highest level completed? When and where?

_____

Religion: _____

Employment history: _____

_____

What is your addiction? _____

Last day of use?_____

Detox experience? If yes, where?_____

Dates of detox:_____

Have you ever been treated for your addiction? _____

If so, where and when?_____

Are you court-ordered to live in a Halfway House?_____

Do you have any physical health problems? YES NO

If yes, please list all:_____

_____

Do you take any medications? Please list name and dosage:_____

_____

Are you currently receiving SSI or Disability? _____Amount?_____

Do you have any legal actions pending? Explain: _____

_____

Court date:_____ Are you on probation?_____

List everything you have been arrested for:_____

_____

Do you have verifiable employment?_____ Where?_____

If not employed or become employed, are you able to wash dishes?_____

Are you in a relationship? YES NO Significant other's name:_____

Are you willing to go 30 days without talking to this person? YES NO

If not in a relationship, are you willing to stay out of one for a year? YES NO

Are you willing to work all 12 steps before leaving Motif? YES NO

Are you willing to follow the suggestions and rules of Motif? YES NO

Please provide copies of the following:

Driver's License/State I.D. | Social Security Card | Drug Test Results | Copy of Immunization

Resident Signature:

_____

Witness Signature:

_____