

**Somerset Sober Living Application (print and complete)**  
*Send photo or scanned completed form to [Somersetsoberliving@gmail.com](mailto:Somersetsoberliving@gmail.com)*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

Sex: \_\_\_\_\_

Describe your current living situation: \_\_\_\_\_

\_\_\_\_\_

Drug of Choice and last used when? \_\_\_\_\_

\_\_\_\_\_

How many years have you been using alcohol and/or drugs? \_\_\_\_\_

Do you have any physical health/medical conditions or disabilities? Describe.

\_\_\_\_\_

Are you currently using any prescription medication? Please list.

\_\_\_\_\_

Do you have any previous felonies or misdemeanors. Please also list any ongoing legal issues.

\_\_\_\_\_

Are you able to be employed for at least 31 hours weekly, make recovery meetings, and participate in household chores? \_\_\_\_\_