

# Keystone Structured Living

**This application is for internal uses only.** The questions are designed to assist Keystone Structured Living in utilizing our resources to assist you in your recovery through accountability and aiding you in any obstacles you may need to overcome.

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| Print Name (First, Middle, Last) ( <b>Full Legal Name</b> )  |  | Date of Birth:   |
| Address (Street) <b>Home address ONLY</b><br>Address: _____<br>City: _____ State: _____ Zip: _____   |  | Information Where You Can Be Reached<br>Home: ( ) _____ - _____ Cell: ( ) _____ - _____<br>Email: _____  |
| <b>Emergency Contact:</b><br>Name: _____<br>Relation: _____<br>Address: _____<br>City: _____ State: _____ Zip: _____<br>Phone Number: ( ) _____  |  | <b>Identification Numbers</b><br>Social Security Number : _____<br>Drivers License Number: _____ State: _____<br>Or<br>ID Card Number: _____ State: _____  |
| Will you have your own transportation? Yes No  |  |  |
| Do you have insurance? Yes No<br>Insured Name: _____ Rel to Pt: _____<br>Employer of Insured: _____ Ins Co: _____<br>In Phone #: _____ ID #: _____<br>GRP #: _____ Type of Plan: _____ |  | Marital status ( <b>Check One</b> ) <b>Single</b> <b>Married</b><br><b>Yes</b> <b>No</b><br>Children ( <b>Check One</b> ) <b>Yes</b> <b>No</b><br>Are you getting SSI, Disability or other non-job related income? <b>Yes</b> <b>No</b><br>Do you have any allergies? Yes No |
| <b>Please attach a copy of the front and back of your card</b>   |  |  |
| Are you currently enrolled in a form of higher education? Yes No<br><b>If Yes:</b><br>Name of Institution: _____   |  | Are you employed? Yes No<br><b>If Yes:</b><br>Name of employer: _____<br>Contact Number: _____   |
| Are you a:<br><i>Alcoholic:</i> Yes No <i>Drug addict:</i> Yes No <i>Sobriety date:</i> _____  |  | List drugs you used addictively: _____   |
| Are you discharging from a substance abuse treatment program, either in-patient or out-patient? Yes No   |  |  |
| <b>If Yes:</b><br>Facility Name: _____<br>Counselor: _____<br>Phone Number: ( ) _____ - _____ Ext: _____<br>Email Address: _____<br>Discharge Date: _____                              |  | <b>If No:</b><br>Current Location: _____<br>Address: _____<br>City: _____ State: _____ Zip: _____<br>Phone Number: _____<br>Move in Date: _____  |
| Are you planning to attend an aftercare program or an intensive outpatient program? Yes No   |  |  |
| <b>If Yes:</b><br>Name of Aftercare Provider or IOP: _____   |  |  |
| Are you participating in or about to enter a methadone, suboxone or other Medical Assisted Treatment (MAT) program? Yes No   |  |  |
| Do you take prescription drugs? Yes No<br><b>If Yes,</b> list prescription drug, reason for prescription and prescribing doctor<br>1. _____<br>2. _____                                |  | 3. _____<br>4. _____<br>5. _____<br>If more room is needed, please use the back of this page   |
| Do you have any current court case pending, other than moving violations?<br>Yes No  |  | Have you ever been convicted of a felony? Yes No<br>Are you a convicted sex offender? Yes No   |
| <b>If Yes:</b><br>Violation: _____<br>Please circle: Probation, Bond or Pending Court Case<br>Parish/County: _____ State: _____  |  | <b>If Yes,</b><br>explain: _____<br>_____<br>_____   |
| Have you ever lived in a sober house before? (i.e. Oxford House) Yes No  |  |  |
| Which home are you interested in moving into?  |  |  |
| How did you hear about Keystone Structured Living?   |  |  |

By signing the application below, I authorize Keystone Structured Living to utilize the above information to process my request for residency.

**Printed Name of Applicant:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please email to KeystoneSLBR@gmail.com