



BROTHERS AND SISTERS  
— IN RECOVERY —

## Brothers and Sisters In Recovery Residency Application

Date:  DOB:

Name:  Telephone:

SSN:  E-Mail:

Address:

City:  State:  Zip:

Emergency Contact:  PH#:

Relationship:

Valid License: Yes:

Driver's License or State ID #:

Vehicle Make and Model:

Do you have children: Yes:  No:  How Many:

Will your children be visiting: Yes:  No:

Are you on probation or parole: Yes:  No:

List all current/pending charges and past convictions:

Source Of Income:

Currently Employed: Yes:  No:

Place of Employment:

How long have you been Alcohol and Drug Free?

Prior Treatment:



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Please list any medications you are currently taking:

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What would you like to accomplish during your stay here?

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What are your top 3 goals and why did you pick these?

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What potential challenges do you see in improving your recovery?

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What else would be helpful for us to know about you to best serve you?

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