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| A close up of a logo  Description automatically generated | (480)508-0500 |

# Sober Living Application

If you feel Nova Sober Living Home is a good fit for you on your road to recovery, please fill out the following form to apply for residency.

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Age: |  | DOB: |  |
| Phone # |  | Emergency Name.: |  | Emergency # |  |
| Current treatment Center? |  |
| Expected Discharge Date from Center? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary Addiction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you currently employed? | YES[ ]  | NO[ ]  |  |  | Please list all meds you are currently on (we do not accept methadone/ suboxone maintenance):  |
| Do you have a physical disability? | YES[ ]  | NO[ ]  |  |  |  |  |
| Do you have a mental health diagnosis? | YES[ ]  | NO[ ]  |  |  | If you have been convicted of a felony, please specify what the nature of the charges are and the dates below:  |
|  |  |  |  |  |
| Are you currently on any prescribed medication? | YES[ ]  | NO[ ]  |  |  |
| Are you willing to abstain from all substances? | YES[ ]  | NO[ ]  |  |  |
| Are you willing to do the 12 steps? | YES[ ]  | NO[ ]  |  |  |
| Are you required to register as a sex offender? | YES[ ]  | NO[ ]  |  |  |
| Have you ever been convicted of a crime? | YES[ ]  | NO[ ]  |  |  |
| Are you on probation? | YES[ ]  | NO[ ]  |  |  |

Probation Officer Name/ Phone Number:

Completing this application does not guarantee that you will be accepted into Nova Sober Living. I hereby acknowledge that the information below is true and correct. Upon Acceptance by Nova Sober Living, you will be expected to enter into a written agreement wherein you will agree to abide by certain rules and standards of conduct. Do you acknowledge this expectation? (Yes/No)

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