

Reset Recovery Resident Application

Personal Information:

Name (First, Middle Initial, Last) _____

DOB _____ SSN _____

Last Address _____

Cell # _____ Email _____

Marital Status _____ # of Children _____

Emergency Contact:

Name _____ Phone _____

Relationship _____

Automobile Information:

Driver License # _____

Auto Make/Model/Plate _____

Insurance Company _____ Policy # _____

Legal Information:

Are you on probation or parole? Yes No County _____

Agent _____ Phone _____

Do you give us permission to talk with your agent? Yes No

Sobriety Information:

Last Treatment or Sober House _____

Enter Date _____ Exit Date _____ Complete Yes No

Sobriety Date _____ Years of Use _____ Longest Sobriety _____

Drug of Choice _____

Sponsor/Mentor Name _____ Phone _____

Are you currently in Out Patient? Yes No

If yes, Where _____

Counselor _____ Phone _____

Do you give us permission to talk with your Counselor? Yes No

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Current Outpatient Schedule

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Medical Information:

Do you any Physical Limitations? Yes No

If yes, please explain _____

Do you have any Mental Health Diagnosis? Yes No

If yes, please explain _____

Please list any current Medications (use separate sheet if needed)

Medication	Dosage	Frequency

Employment Information:

Are you currently employed? Yes No

Name of employer _____ Location _____

Current Schedule

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Acknowledgement & Agreement:

By signing this, you are acknowledging that you have received and understand the rules, expectations and wish to proceed with an interview.

Signature

Date

Witness

Date