

Changes Recovery Application



Name: _____

Date of Birth: _____

Emergency Contact: _____

Relationship to person: _____ Phone Number: _____

Emergency Contact: _____

Relationship to person: _____ Phone Number: _____

Emergency Contact: _____

Relationship to person: _____ Phone Number: _____

Employment Status: _____

If unemployed, source of income: _____

Doctors Name: _____

Medication list: _____

Date of Last Use & What was your drug of choice & how often: _____

Have you received a copy of the Changes Recovery Rules? _____

Allergies: _____

The cost of the program is \$100.00 deposit and first week rent (\$250).

Printed Name of Applicant: _____

Signature of Applicant: _____

Date Signed: _____

Witness Name: _____

Signature of Witness: _____

Date Signed: _____

Application submitted on: _____

Name of individual submitting form: _____

Name of Agency: _____

