

NEW BEGINNINGS HOUSE-ROCKFORD: APPLICATION

1	Name			
2	Current Address			
	City	St	Zip	
3	Date of Birth	Month	Day	Year
4	Current Phone #			
5	Current treatment counselor's name			
	Phone Number	Email		
6	Are you and addict? (circle one)	Y	N	
7	Date last used drugs			
8	List the drugs you use			
9	When did you attend your firs AA meeting?			
10	Are you employed? (circle one)	Y	N	
	Trades or skills you may have			
11	Name of Employer			
	conact /supervisor name			
	contact number			
12	Monthly income	/month		
13	If not you, name of person who will be paying rent			
	contact number	Email		
14	Marital status			
15	Name of doctor			
	contact number			
16	Have you been to a treatment facility? (circle one)	Y	N	

17 If yes, name of treatment facility _____
contact number _____

18 Name of any prescription medications _____
a _____
b _____
c _____

19 Date preferred to move in _____

20 Family and/or emergency contact name and number
a _____
b _____
c _____
d _____
e _____

By signing below you agree that you have answered all questions honestly and have read and understand the New Beginnings House-Rockford guidelines, and agree while living on the premises to be drug and alcohol free and will abide by all house guidelines and rules.

Signature _____

Date _____

Move In Date _____

Move Out Date _____

House Key(s) returned Y N

Outstanding Debt _____