



Breaking Chains Recovery House Application

Enter your admission information below

DOB (date of birth):

Name *

First Name

Middle Initial

Last Name

Phone *

E-mail Address *

example@example.com

Emergency Contact *

First Name

Last Name

What is your drug of choice?

Emergency Contact Phone Number *

Please enter a valid phone number.

Please list the current medications prescribed (Medication, dosage, frequency) *

Are you currently in a substance abuse treatment center? *

Yes

No

Current Treatment Center

If you answered "Yes", what is your estimated discharge date? *

If you answered "NO", please tell us some more information about your situation

Prior treatment episodes: (Treatment Center, Date) *

Prior Recovery Residence: *

Have you ever been convicted of a violent or sexual crime? *

Yes

No

Please list any prior convictions:

How will you be paying resident fee's? *