

# RESIDENT APPLICATION



## **APPLICANT INFORMATION**

Today's Date: \_\_\_\_\_

Desired date to move into the PWTSR house: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Current physical address:

\_\_\_\_\_

Current mailing address (if different from physical):

\_\_\_\_\_

What is your monthly gross income? \_\_\_\_\_

Are you receiving welfare or other non-job-related income? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

Marital status: Married / Separated / Divorced / Widowed / Partnership

Level of education completed: H.S. / College / Grad school

Other: \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Do you have a car? \_\_\_\_\_ Is it registered and insured? \_\_\_\_\_

Current Treatment Center: \_\_\_\_\_ Expected discharge date: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

**RECOVERY AND SUBSTANCE USE**

Do you think you have a problem with alcohol? \_\_\_\_\_

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

How important is it to get help for this problem on a scale of 1-5, with 5 being the highest?

\_\_\_\_\_

Do you think you have a problem with drugs? \_\_\_\_\_

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

How important is it to get help for this problem on a scale of 1-5, with 5 being the highest?

\_\_\_\_\_

Primary addiction: \_\_\_\_\_

Date of last use: \_\_\_\_\_

List drugs/alcohol you used addictively:

1st \_\_\_\_\_ Route: \_\_\_\_\_

Date of last use: \_\_\_\_\_ Age of 1st use: \_\_\_\_\_

2nd: \_\_\_\_\_ Route: \_\_\_\_\_

Date of last use: \_\_\_\_\_ Age of 1st use: \_\_\_\_\_

3rd: \_\_\_\_\_ Route: \_\_\_\_\_

Date of last use: \_\_\_\_\_ Age of 1st use: \_\_\_\_\_

**EMERGENCY CONTACT**

Name of person not residing with you: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of person not residing with you: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of person not residing with you: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**OTHER INFORMATION**

Please list hobbies and special interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you say your best characteristics are?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a medical Doctor: Yes                      No

If yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYMENT**

Current employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Current work schedule: (Show hours)

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

List your last 3 employers:

Company Name:Supervisor:

Contact Info:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If unemployed, what are your plans for getting a job?

\_\_\_\_\_

\_\_\_\_\_

Please list your vocational skills/specialized training or certifications:

\_\_\_\_\_



**LEGAL**

Have you been arrested in the past 30 days?                      Yes                      No

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

Are you currently on probation or parole:                      Yes                      No

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you Mandated?                      Yes                      No

Are you experiencing legal problems (i.e., court dates, warrants, active restraining orders)?

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**MEDICAL**

Do you take any prescription medications? Yes No

If yes, please list:

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Do you have any medical conditions or allergies: Yes No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did you attend your last AA or NA meeting? \_\_\_\_\_

How many meetings have you attended in the last 30 days? \_\_\_\_\_

Do you already have a sponsor or a Recovery Coach? Yes No

If yes:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any other recognized addictions or disorders (i.e., eating disorder, cutting)?

Yes or No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

How long have you been clean/sober?

\_\_\_\_\_

What is the longest you have gone substance-free?

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How many previous recovery attempts/relapses have you had?

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Are you on any maintenance programs, and if so, which?

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Are you interested in being on a maintenance program?

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Have you ever lived in a home/room shared by other people? Yes No

Do you anticipate any problems with this? Yes No

If yes, please explain:

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What is your main goal at this time?

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Please list anything else you feel is relevant to this application:

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I authorize the verification of the information provided on this form:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_