

JCS Affective Sober Living Application

Name:		DOB:
Are you in treatment now?	Treatment start date:	
Treatment center name & address:		
Last Address:		
Cell Phone:	Work Phone:	
Marital Status: Single _____ Married _____ Divorced _____ Seperated _____ Widowed _____ Engaged _____		
Vehicle Info:		Plate #
Sobriety Date:	Drug (s) of choice/ Addictions:	
Are you court ordered to be in a sober house:		
If yes, please provide probation officer contact info:		
Have you previously been convicted of a felony?		
If yes, explain the offense, date and state/county:		
Medication: Please list ALL medications in your possession. These are both prescription and non-prescription (such as Tylenol, cold medication, etc.) Please use back sheet or additional paper if needed.		
1.	4.	
2.	5.	
3.	6.	

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In case of emergency JCS Affective Sober Living has permission to contact	
Name:	Relationship:
Address:	Phone#:
Name:	Relationship:
Address:	Phone#:

Insurance Information		
Insurance Company:		
Policy #:	Group #:	Phone #:
Please list any medical issues/ medical concerns that an emergency response team may need to know about (allergies, high BP, for example):		

CURRENT EMPLOYMENT	
Company:	Supervisor:
Address:	Phone Number:
Start date:	May we contact:
OTHER INCOME (if you have no income, who will be paying the housing fee)	
Name:	Amount:
Phone Number:	

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Acknowledgement and Agreement

I, _____, state that all the information listed above is true and correct. I authorize the use of this information in the case of an emergency or as the owner/ manager deems necessary. This includes, but limited to, matters involving resident housing.

I have answered all questions truthfully, honest and correct. I understand if I have falsified any answers, I will be denied housing or removed from any housing provided by JCS Affective Sober Living.

Resident Signature:	Date:
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JCS Affective Sober Living:	Date:
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