



Cornerstone Application

Applicant's Name:

Phone Number:

Email address:

Home address:

Treatment facility:

Therapist name/number:

Aftercare program:

Aftercare contacts name and number:

Any current legal charges? If so, briefly explain

Are you on Probation/Parole?

Have you ever been convicted of a sex crime or are a registered sex offender?

List 2 emergency contacts:

1. **Name:**

Relationship:

Phone#:

2. **Name:**

Relationship:

Phone#:

Cornerstone for Recovery is a residential sober living environment, which means there is a level of self-sufficiency required. Are there any medical issues that will keep you from being able to take care of yourself on a day-to-day basis?

Medications (MAT, psych meds, etc.)? If so, please list them all

Please explain any barriers that may affect your recovery process.