

Program Participant Application

For immediate service: (774) 524-3676

To apply online or for more information please visit www.NewLifeSoberHouse.com

New Life House welcomes program participants looking to continue their recovery journey! We carefully screen applicants to ensure a good fit in our recovery communities. Our program handbook can be accessed on our website. Please provide all information to the best of your ability; we cannot process incomplete applications.

	ss: Apply → Phone Screen	→ Schedule Admission D	oate → Admissio	on & Orientation
		М / Е		
First Name	Last Name	Birth Date	Gender	Date applying (today)
Requested admission date	(or ASAP) Requested location	How did you hear	about us?	Referred by:
Essel Address	Cell Phone #	Other Phone #	Single / Married / Divorced / Widowed Relationship Status	
Email Address	Cell Phone #	Other Phone #	Kei	ationship Status
Y / N Are you in a program? Which one? (if applying from a p		ram) Caseworker	Caseworker's Phone Number & Extension	
Are you in recovery from	n use of drugs or alcohol: Yes	/ No Date of last use:	Do you a	ttend AA or NA: Yes / N
How will you pay progra	m fees: Work / Friend / Fan	nily / Scholarship / Assis	stance (SSI, SSDI, e	tc.) / Other
Yes / No		Yes / No		
Are you a felon?	Nature of conviction?	On probation?	Probation officer name & phone number	
Yes / No		Yes / No		
Are you a sex offender?	Nature of conviction?	Are you on parole?	Parole officer name & phone number	
Yes / No			Yes / No	
Are you legally mandated to	o live in a sober house?	If so, by whom?		Do you own a car?
			1 .	
Medication Information	: Please list any medication you are	e prescribed or that you are ta	king:	
	e: Please list any medication you are	e prescribed or that you are ta Reason:		rescription: Y / N
Medication:			Pr	rescription: Y / N
Medication:		Reason:	P ₁	*
Medication:		Reason:	Pr Pr Pr	rescription: Y / N
Medication:		Reason:	Property of my backers of review of my backers of release any information to be as valid as the in this community-base policies, and expectation coupancy is contingent	rescription: Y / N rescription: Y / N rescription: Y / N rescription: Y / N kground including income, housination, verbal or written, pertainioriginal. I understand that New L d program and, if accepted, I will ons set forth in the New Life Houpon ongoing participation in the New Life Houp

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Proud supporters of **SOBERHOUSE**DIRECTORY COM

Call us at:

(774) 524-3676