



Best Life Recovery Residences – Resident Application

This application is for internal use only. The questions are designed to assist Best Life Recovery Residences in utilizing our resources to assist you in your recovery through accountability and aiding you in any obstacles you may need to overcome.

Print Name (First, Middle, Last) (Full Legal Name)		Date of Birth:
Address (Street) Home address ONLY Address: _____ City: _____ State: _____ Zip: _____		Information Where You Can Be Reached Home: () _____ - _____ Cell: () _____ - _____ Email: _____
Emergency Contact: Name: _____ Relation: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: () _____		Identification Numbers Social Security Number : _____ Drivers License Number: _____ State: _____ Or ID Card Number: _____ State: _____
Will you have your own transportation? Yes No		
Do you have insurance? Yes No Insured Name: _____ Rel to Pt: _____ Employer of Insured: _____ Ins Co: _____ In Phone #: _____ ID #: _____ GRP #: _____ Type of Plan: _____ Please attach a copy of the front and back of your card		Marital status (Check One) <i>Single Married</i> <i>Yes No</i> Children (Check One) <i>Yes No</i> Are you getting SSI, Disability or other non-job related income? Yes No Who will be financially responsible for your program fee? (Check One) Self Family Support
Are you currently enrolled in a form of higher education? Yes No If Yes: Name of Institution: _____		Are you employed? Yes No If Yes: Name of employer: _____ Contact Number: _____
Are you a recovering: <i>Alcoholic: Yes No Drug addict: Yes No</i> <i>Sobriety date:</i>		Drug(s) of choice: _____
Are you discharging from a substance abuse treatment program, either in-patient or out-patient? Yes No		
If Yes: Facility Name: _____ Counselor: _____ Phone Number: () _____ - _____ Ext: _____ Email Address: _____ Discharge Date: _____		If No: Current Location: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Move in Date: _____
Are you planning to attend an aftercare program or an intensive outpatient program? Yes No		
If Yes: Name of Aftercare Provider or IOP: _____		If No: Do you plan to attend 90 meetings in 90 days? Yes No
Are you participating in or about to enter a methadone or other drug replacement program? Yes No		
Do you take prescription drugs? Yes No If Yes, list prescription drug, reason for prescription and prescribing doctor 1. _____ 2. _____		Medications: 1. _____ 2. _____ 3. _____
Do you have any current court case pending, other than moving violations? Yes No		Have you ever been convicted of a felony? Yes No
If Yes: Violation: Please circle: Probation, Bond or Pending Court Case County: _____ City: _____ State: _____		If Yes, explain: _____ _____
Have you ever lived in a sober house before? (i.e. Oxford House) Yes No		
How did you hear about Best Life Recovery Residences?		

By signing the application below, I authorize Best Life Recovery Residences to utilize the above information to process my request for membership.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Please email the application to info@bestliferecovery.org