



SISTERS UNITED

ENTRY APPLICATION

The individual applying to the waiting list must complete and sign this form.

Date: _____

Name: _____ DOB: _____

Address: _____

Phone: _____

Why are you seeking help from Sisters United?

Have you ever been to Sisters United? Yes No When: _____

Attorney Name: _____ Phone: _____

Address: _____

Are you Court ordered by a judge? Yes No

Are you incarcerated? Yes No Where: _____

What are your charges? Please list dates of each charge.

DRUG HISTORY

What is your drug of choice? _____

MEDICAL

Please list all medication you're taking and explain why you are taking it.

Please note if you take more than five prescribed medications, then you are not suitable for our level of care.

Have you ever been diagnosed by a doctor or mental health professional with a mental illness?

Yes No Please Specify _____

Are you disabled? Yes No Do you receive disability or SSI? Yes No

Are you pregnant? Yes No

Are you able to work a full time job? Yes No

Explain: _____

Do you understand and agree to stay and complete our twelve (12) month program?

Yes No

I _____, understand that Sisters United is a 12 Step recovery residence and I am willing to stay one year until completion of the program.

By signing I agree to all above said statements and attest that all information given is true.

Signature: _____ Date: _____

Our Entry Fee is \$350 dollars. Waivers are available in certain situations. If you require a waiver please contact Betty Dunn (256-531-2242) or Summer Burden(256-727-6351) prior to submission of this application.

If this form is not filled out completely, your name will not be added to the waiting list.

Please mail assessment form to the following:

SISTERS UNITED

405 Welcome Falls Road

Eva, Alabama 35621