



**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**DRUG HISTORY**

What is your drug of choice? \_\_\_\_\_

**MEDICAL**

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

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***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, LLC  
1146 Community Lane  
Hartselle, Alabama 35640