



Sober Living Program Application

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

DATE AVAILABLE TO MOVE IN: _____

HISTORY OF ADDICTION AND SOBRIETY

HOW LONG HAVE YOU BEEN SOBER: _____

MOST RECENT REHABILITATION PROGRAM ATTENDED: (If any)

PLEASE LIST ANY SUBSTANCES THAT YOU HAVE BEEN ADDICTED TO IN THE PAST:

DRUG USED: _____ **DATE LAST USED:** _____



Why should you be selected to our Sober Living Program?: _____

Please list 3 things below that you would like to change in your life with the help of God and this program.

1. _____
2. _____
3. _____

CURRENT EMPLOYMENT

EMPLOYER : _____
Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

ARE YOU ABLE TO PAY THE ENTRY FEE OF \$350? _____ (This is your first two week's rent)



I understand that Sammy's Mission does not pay for medications: YES NO

I understand that Sammy's Mission is not a licensed treatment center and I waive my right to legal action against Sammy's Mission, it's staff or volunteers based on any counsel I receive.

YES NO

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my being accepted into the program, I understand that any false or misleading information in my application or interview may result in my relationship with Sammy's Mission being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

Please email this completed application to sammysmission1@gmail.com