

## **Sober Living Program Application**

PERSONAL INFORMATION				
FULL NAM	<b>1E:</b> First	Middle	Last	DATE:
DATE OF	BIRTH:		_	
ADDRESS	Street Address			Apt/Suite
	City	State		Zip Code
E-MAIL: _				PHONE:
DATE AVA		OVE IN:		
	HIS		CTION A	ND SOBRIETY
HOW LOP	NG HAVE YOU	BEEN SOBER:		
MOST REG	CENT REHABIL	ITATION PROGR	AM ATTEN	IDED: (If any)
PLEASE L	IST ANY SUBS	TANCES THAT Y	OU HAVE	BEEN ADDICTED TO IN THE PAST:
DRUG USI	ED:			DATE LAST USED:

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Why should you	be selected to	o our Sober	Living Program?:	
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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:		
Str	eet Address	Apt/Suite
Cit	y State	Zip Code
PAY: \$		
JOB TITLE:	RESPONSIBILITIES:	
FROM:	ТО:	
REASON FOF	R LEAVING:	
ARE YOU ABL week's rent)	E TO PAY THE ENTRY FEE OF \$350? _	(This is your first two

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EMERGENCY CONTACT

FULL NAME:	RELATIONSHIP:	
E-MAIL:	PHISE Last PHONE:	
FULL NAME:	RELATIONSHIP:	
E-MAIL:	PHONE:	
	LEGAL HISTORY	
ARE YOU A REGISTERED SEX OFFENDER?  Ves  NO		

NAME AND PHONE NUMBER OF YOUR PROBATION/PAROLE OFFICER:

## HEALTH HISTORY

ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATIONS? 
VES NO IF YES, PLEASE LIST THE NAMES, DOSES AND FREQUENCY:

## DISCLAIMER/WAIVER

I understand that Sammy's Mission is not a detoxification facility: 
U YES U NO

I understand that Sammy's Mission is not a medical program:

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I understand that Sammy's Mission does not pay for medications: 
VES 
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.

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