



APPLICATION FORM

WWW.THERIGHTRECOVERY.COM

770-530-7240

MONICA@THERIGHTRECOVERY.COM

Today's Date: _____

Your Full Legal Name: _____

Date of Birth: _____

Have you ever gone by another name? _____

Do you have a valid driver's license? YES _____ NO _____

If yes, where is it? _____

If no, do you have a state ID? _____ Detail: _____

Are you currently homeless? YES _____ NO _____

Are you married? _____ If yes, Spouse: _____

Do you have Children? YES _____ NO _____

If yes, How many? _____

Do you have custody? _____

Who is currently taking care of your children? _____

Contact name and Phone No. _____

Who will raise them while you are in rehab? _____

Do you have any open DFCS cases? YES _____ NO _____

If yes, Case worker? _____ County? _____

Do you have any mental health conditions? YES _____ NO _____



Have you ever been diagnosed with a mental illness? YES ____ NO ____

Have you ever been in a rehab before? YES ____ NO ____

If yes where? _____

What is your drug of choice? _____

How long have you been using? _____

Do you have a history of IV drug use? YES ____ NO ____

Do you smoke? YES ____ NO ____

Do you receive any Social Security benefits? YES ____ NO ____

If yes, how much do you receive per month? _____

Are you currently pregnant? YES ____ NO ____

Do you take any medications for medical reason? YES ____ NO ____

If yes, please list _____

Have you ever had a positive HIV, TB test? YES ____ NO ____

Is there anything that would prevent you from doing household chores?
YES ____ NO ____

If yes, please explain: _____

Have you ever experienced thoughts of suicide or self-harm?

YES ____ NO ____

If yes, when was the last time as per memory? _____

Are you currently suicidal? _____



THE RIGHT RECOVERY

Are you currently on probation? YES ____ NO ____

If yes, who is your probation officer? _____

Phone number: _____

Do you have any pending cases? YES ____ NO ____

If yes, please explain _____

Are you court mandated to come to rehab? _____

How will you pay your entry fee? _____