



THE GRATITUDE HOUSE

"A GRATEFUL ADDICT WILL NEVER USE"

APPLICATION FOR RESIDENCY

PERSONAL INFORMATION

| | | |
|------------------------------|--------|-----------------------|
| Name: | Date: | |
| How can we contact you? | | |
| Date of Birth: | Age: | Gender: |
| Referral Source: | | Requested Entry Date: |
| Emergency Contact Name: | Phone: | |
| Current or Previous Address: | | |

PRIOR TREATMENT(S):

| Name of Facility | Location | Dates |
|------------------|----------|-------|
| | | |
| | | |
| | | |

PRIOR RECOVERY HOUSE HISTORY:

| Name of House | Location | Dates |
|---------------|----------|-------|
| | | |
| | | |
| | | |

WHY DO YOU WANT TO LIVE AT THE GRATITUDE HOUSE?

| |
|--|
| |
|--|

CLEAN DATE:

DRUGS USED:

| What | How | Last time used? |
|------|-----|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

MEDICAL INFORMATION

Psychiatric History:

Medical History:

Are you under a Doctor's care? Y N

Doctor's name:

Next Appointment:

MEDICATIONS CURRENTLY TAKING (MUST HAVE DR'S ORDER)

| Medication | Dosage | Why are you taking it? |
|------------|--------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

LEGAL INFORMATION

| | | |
|--|--------------------|----------------------------|
| Ever been arrested or convicted of any violent or sexual crimes? Y N | | |
| Ever been incarcerated? Y N | | When/ How long? |
| Reason? | | Location? |
| Any pending charges? Y N | | What are they? |
| Are you on probation? Y N | | Officer Name: |
| Terms of probation: | | Contact info: |
| Do you have a vehicle? Y N | Valid License? Y N | Current Car Insurance? Y N |
| Vehicle Make/ Model/ Tags: | | |
| Drivers' License #: | | Social Security #: |

FAMILY

| | | |
|------------------------------|-----|----------|
| Marital Status? | | |
| Spouse's Name/ Contact Info: | | |
| Do you have children? Y N | | |
| Name | Age | Custody? |
| | | |
| | | |
| | | |

EMPLOYMENT

| | | |
|---|---------------------------|--------------------|
| Do you have a job? Y N | | |
| Where? | What do you do? | How long employed? |
| If no, do you plan on getting a job? | Special skills/ training? | Education? |
| Do you receive any government subsidies/ funding? Y N | | |
| Explain: | | |
| How do plan on paying your program fees at The Gratitude House? | | |

| |
|--|
| What else would be helpful for us to know? |
|--|

I AFFIRM THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. ADMISSION TO THE GRATITUDE HOUSE IS PENDING A BACKGROUND CHECK. I MAY BE ASKED TO PROVIDE FURTHER INFORMATION OR CLARIFICATION.

| | | |
|--------|-------|------|
| Signed | Print | Date |
|--------|-------|------|

Completed applications can be returned to:
realslow@goeaston.net or faxed to 410-741-3273