Please answer all questions to the best of your knowledge

Name of Applicant:............................................................ Date:............................................ Current Address.................................................................. City............................................. State:.........................................Postal Code:..................... Phone:#................................. Email:.................................\_\_\_ Date of Birth......................... Place:....................................

SSN:#........... ........... .......... Do you have a copy of the card?

Do you have an ID or Drivers License? Copy of Birth Certificate?

Single..........Married............Separated.............Divorced...................

Name of Parents........................................................ Phone:#................................................. Name of Spouse or Partner........................................Phone:#................................................ Name of One Close Friend, Relative, Pastor or Sponsor.......................................................... Length of Time Known..................Relationship............................Phone:#...........................

In Case of Emergency Contact:..................................................Phone:#.............................. Children: Yes........No.........Name:............................................DOB........................................... Name:.....................................DOB................Name.......................................DOB..................... What are your current child care/custody arrangements;.............................................................

....................................................................................................................................................... Voluntary care:.................................................Court ordered:....................................................... What is your substance of misuse:....................................if more than one\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.................................

How long have you been clean...........................Cleandate.........................................................

Have you ever been in a Treatment/Recovery/Support House:.................................................... When:......................................................Where...........................................................................

Did you finish the Program: Yes……..No……. If No, then why not:……………………………….

…………………………………………………………………………………………………………….

Is there Anyone that you do not Want to have Contact With:................................................. Who and Why:.......................................................................................................................

Do you have any Current Court Obligations: Yes..........No.......

Are you on Probation: Yes\_\_\_\_\_No\_\_\_\_\_

Are you on parole: Yes \_\_\_\_\_ No\_\_\_\_\_

Who is your probation/parole officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of any sex crimes: Yes….......No…......

 Are you a registered Sex Offender: Yes……. No………

 Have you ever been convicted of any dangerous crimes (if yes, explain): Yes……. No……..

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 Do you have Hepatitis C: Yes.........No.......... HIV: Yes:....... No:..........

Any other Diseases or Health Problems: Liver:.................Heart:................Breathing:...................Circulation:...................................... High Blood Pressure:...................................Diabetes:..........................Anxiety:.................... Depression:.......................Allergies:......................... Seizure........................Other:..............

……………………………………………………………………………………………………….

Do you have any allergies to medication, food, or environmental: Yes…… No…..

If so, list them:……………………...........................................................................................

What would you like to address or overcome while you are at Steps to Recovery Homes:

……………………………………………………………………………………………………….

……………………………………………………………………………………………………….

What are you willing to do to excel your life so that you are able to stay clean and

healthy:..........................................................................................................................

..............................................................................................................................................

Do you agree to submit to a urinalysis test upon entry as well as random urinalysis testing: Yes........... No............

Name of Family Doctor:..........................................................Phone:#..............................

List all Medications that you are taking: (New Medications Must Be Disclosed)

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What Long Term Goals Would You Like To Implement While Staying at the Steps to Recovery Home:………………………………………………………………………………………

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What is your financial Situation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Steps to Recovery homes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge that I have read and understand the Application Form,

I understand that all information provided is private and confidential and will only be used in the event of an emergency.

Client Signature:\_ \_Date signed

Date Reviewed:

 Admitted Yes No\_ \_Date\_

Staff Signature:\_ Date signed

 Goals Achieved: Yes……. No……...

 Date of Contract Terminated: Signed\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_