



APPLICANT INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / _____ Age: _____

Phone Number: _____

Email address: _____

Current Address: _____

City/State/Zip: _____

Marital Status: Single Separated Widowed Married Divorced

Please list children/ages if applicable: _____

MEDICAL INFORMATION

Please list any/all medical conditions: _____

Please list any/all medications your are taking/prescribed: _____

Please list any allergies: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone Number: _____



SUBSTANCE & RECOVERY HISTORY

Primary Substance(s) of Choice: _____

Date of Last Use: ____ / ____ / _____

Have you been to detox in the last 72 hours? Yes No

Have you lived in a sober living home before? Yes No

Have you been asked to leave a sober living or treatment before? Yes No

List previous sober living and completion status in addition to reasons for discharge where applicable: _____

Are you currently in treatment? Yes No

List previous treatment and completion status in addition to reasons for discharge where applicable: _____

Current treatment center name, address, counselor name, and contact info: _____

Do you have a sponsor? Yes No

LEGAL

Are you legally allowed to leave the county? Yes No

Do you have any violent offense convictions? Yes No

Do you have any sexual offense convictions? Yes No

Have you been incarcerated? Yes No



Have you been incarcerated? Yes No (if yes, please explain below)

Are there any restrictions (court orders, probation terms, registry requirements) that could affect your residency? Yes No

Are you on Probation or Parole? Yes No

Agent Name & Phone: _____

Any Pending Court Dates or Warrants? _____

EMPLOYMENT AND FINANCIAL INFORMATION

Current employment status? Full-time Part-time Student

Hourly rate: _____

Employer name, address, phone: _____

Do you currently have the ability to pay \$600/month program fees? Yes No

AUTHORIZATION & SIGNATURE

I hereby certify that the above information is true and accurate to the best of my knowledge. I understand that false or incomplete information may result in denial of admission to Redemptions Recovery.

Applicant Signature: _____ **Date:** _____