

**Recovery Life Homes Application**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternant Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

**Health History**

Medical history including surgeries, dates, and outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental health diagnosis: \_\_\_\_\_

Are you currently on medication? \_\_\_\_\_ Type of medication: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Number: \_\_\_\_\_

Psychiatrist Name: \_\_\_\_\_ Psychiatrist Number: \_\_\_\_\_

**Substance Abuse Treatment History**

Treatment facility name and location: \_\_\_\_\_

IOP/PhP/Residential/Detox: \_\_\_\_\_ Treatment Dates: \_\_\_\_\_

Length of stay: \_\_\_\_\_ Completed treatment? \_\_\_\_\_ Outcome: \_\_\_\_\_

Treatment facility name and location: \_\_\_\_\_

IOP/PhP/Residential/Detox: \_\_\_\_\_ Treatment Dates: \_\_\_\_\_

Length of stay: \_\_\_\_\_ Completed treatment? \_\_\_\_\_ Outcome: \_\_\_\_\_

Treatment facility name and location: \_\_\_\_\_

IOP/PhP/Residential/Detox: \_\_\_\_\_ Treatment Dates: \_\_\_\_\_

Length of stay: \_\_\_\_\_ Completed treatment? \_\_\_\_\_ Outcome: \_\_\_\_\_

Hospitalized for mental health? \_\_\_\_\_ Location and dates: \_\_\_\_\_

**Recovery Life Homes Application**

Location and dates: \_\_\_\_\_ Location and dates: \_\_\_\_\_

**Education**

High School Diploma/GED: \_\_\_\_\_ College: \_\_\_\_\_

Certifications or Certificates: \_\_\_\_\_

**Employment History**

Do you have physical limitations that prevent you from working full time or part time? \_\_\_\_\_

Explain: \_\_\_\_\_

Source of income: \_\_\_\_\_ Amount: \_\_\_\_\_

Company Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Legal History**

Type of arrest: \_\_\_\_\_ Date: \_\_\_\_\_

Type of arrest: \_\_\_\_\_ Date: \_\_\_\_\_

Type of arrest: \_\_\_\_\_ Date: \_\_\_\_\_

Type of arrest: \_\_\_\_\_ Date: \_\_\_\_\_

Type of arrest: \_\_\_\_\_ Date: \_\_\_\_\_

Type of arrest: \_\_\_\_\_ Date: \_\_\_\_\_

Are you currently on probation or parole? \_\_\_\_\_ County/State: \_\_\_\_\_

Do you owe restitution? \_\_\_\_\_ Amount: \_\_\_\_\_ Community Service Hours? \_\_\_\_\_

**Recovery Life Homes Application**

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sober Living**

Reason for seeking sober living: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recovery Plan**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_