10. Application for CR House

PERSONAL INFORMATION			
Print Your Full Name		Date of Birth	Age
Phone	Email		
Social Security #	Marital Status	Children (If yes please list ages) ❑ Yes ❑ No	Current Living Situation
Current Address	City	State	Zip
Own a vehicle? ❑ Yes ❑ No	Year/Make/Model	License #	
Valid Driver License? ❑ Yes ❑ No If "yes" please list state and license number:			
Do you believe in God? ❑ Yes ❑ No ❑ Uncertain If "yes" have you accepted Jesus as your Savior ❑ Yes ❑ No			
Are you attending church now? ❑ Yes ❑ No If "yes" where at:			

RECOVERY INFORMATION				
Are you an alcoholic? ❑ Yes ❑ No	Drug addict? ❑ Yes ❑ No	Other addictions? ❑ Yes ❑ No	Date of Last Use	Drug(s) of Choice
Currently/recently in treatment? ❑ Yes ❑ No	Name & Location of Facility			
Did you complete successfully? ❑ Yes ❑ No	Discharge Date	Name of Counselor		
How do you plan to stay clean and sober? What is your relapse trigger?				
Who referred you to the CR House? (Name, Relationship & Phone)				
Do you attend 12-step meetings? ❑ Yes ❑ No	If so, how often?	Do you have a sponsor? ❑ Yes ❑ No		
Have you lived in a recovery house before? ❑ Yes ❑ No	Name & Location of House	When/How long?		

Why did you leave there?

Why do you want to live at the CR House?

Do you have a referring Pastor? ❑ Yes ❑ No. If yes, provide name & contact information.

EMPLOYMENT INFORMATION

Are you employed? ❑ Yes ❑ No	If Yes, Name & Location of Employer	Job Title	How Long?
Current Monthly Income	If No, how long since last employed?		

Please list all special skills or training you have received or other types of work you have done:

Are you receiving any income (social security, pension, annuity, food stamps, unemployment or other monies)?

❑ Yes ❑ No If "yes" please explain:

Are you on government disability? ❑ Yes ❑ No If "yes" please explain:

If you do not have a job are you willing to do volunteer work? ❑ Yes ❑ No If "no" please explain why not:

Are you willing/able to be self-supporting? ❑ Yes ❑ No If "no" please explain why not:

Are you willing/able to get a job within 180 days? ❑ Yes ❑ No If "no" please explain why not:

U.S. Veteran? ❑ Yes ❑ No If "yes" please explain:

LEGAL INFORMATION

Name of Officer	Contact Phone	Location of Office

Do you have any felony convictions? ❑ Yes ❑ No If "yes" please explain:

Do you have any pending charges/cases/warrants? ❑ Yes ❑ No If "yes" please explain:

Currently on probation/parole? ❑ Yes ❑ No If "yes" please explain:

Ever been incarcerated? ❑ Yes ❑ No If "yes" please explain:

Are you a registered sex offender? ❑ Yes ❑ No If "yes" please explain:

Do you have a current order in place for child support? ❑ Yes ❑ No If "yes" please explain:

Do you currently have children you have custody of or allowed visitation? ❑ Yes ❑ No If "yes" please explain:

MEDICAL INFORMATION

List All Current Medications

Describe Any Injuries/Disabilities? ❑ Yes ❑ No If "yes" please explain:

Describe and/all Physical Limitations:

Do you have any medical conditions that require special care or frequent visits to a medical facility?

❑ Yes ❑ No If "yes" please explain:

Have you ever had the following Conditions? Check "Yes" or "No" below and if "Yes" please explain or describe your current condition.

Have you ever had Tuberculosis? ❑ Yes ❑ No If "yes" please explain:

Have you ever had Hepatitis A? ❑ Yes ❑ No If "yes" please explain:

Have you ever had Hepatitis B? ❑ Yes ❑ No If "yes" please explain:

Have you ever had Hepatitis C? ❑ Yes ❑ No If "yes" please explain:

Have you ever had HIV Positive? ❑ Yes ❑ No If "yes" please explain:

Have you ever had Herpes? ❑ Yes ❑ No If "yes" please explain:

Have you ever had Venereal Disease (List Any)? ❑ Yes ❑ No If "yes" please explain:

Have you ever had Body Lice? ❑ Yes ❑ No If "yes" please explain:

Any other Medical Conditions not listed above? ❑ Yes ❑ No If "yes" please explain:

Have you ever been in a mental health program before? ❑ Yes ❑ No If "yes" please explain:

Have you been under any psychiatric care? ❑ Yes ❑ No If "yes" please explain:

Name of Physician, Location and Phone number

Are you receiving Suboxone, Subutex, Methadone, Vivitrol, etc.?

❑ Yes ❑ No If "yes" please explain and include the physicians name:

EMERGENCY CONTACTS (LIST TWO)

Name:

Relationship:

Street Address, City, ZIP Code:

Phone Number:

Name:

Relationship:

Street Address, City, ZIP Code:

Phone Number:

I have read and agree to all house rules, and my answers on this application are complete and honest. I also understand that failure to comply with any of these rules will result in my dismissal and if I am dismissed I will not be reconsidered for 30 days.

(signature & date required):

_____ _____ _____

Printed Name Signature Date

Intake worker information/witness:

_____ _____ _____

Printed Name Signature Date