

How did you hear about us? _____

Reason for contacting us: _____

Ever been prescribed medications for a mental disorder? Yes No

Details & Meds: _____

Do you have a medical condition that requires a doctor's care and /or medication? Yes No

Details & Meds: _____

Ever been in a recovery program before? Yes No

If yes, Program Name and Year attended: _____

Longest length of time you were in a recovery program? _____

What is your drug(s) of choice? _____

What is the longest length of time you have been clean? _____

Do you use tobacco? Yes No

Have you accepted Jesus as your Lord and Savior? Yes No

If Yes, When? _____

List any work skills / experience: _____

List any talents: _____

Is there anything else you feel we need to know? _____

I certify that all the information that I have stated is true to the best of my knowledge. I also understand that a background check will be done and I may receive random drug testing and inspections.

Resident Signature

Date