Kesi (Applicat	dent Intak( <sup>tion)</sup>	e informati	tion	Date:			
Name:	First	Widd	le	Last			
Current	or Last Known Ad						
Phone:							
Date of I	Birth:		Place	of Birth:			
Social S	Security #	E5	Drive	rs Llcense #: _			
	one: 🛘 Single f Married, Name c	•			•		
	Idren:						
Highest	level of Education	n: 🗌 College 🏻 [	Graduate	Some College	☐ High School	Grad	
	GED Some	High School (wh	nat grade did yo	ou complete:	)		
Do you receive a check of any kind?   Yes  No How much?  Reason:							
·Have yo	ou ever been inca	rcerated?   Ye	es 🛮 No lifye	es, give reason 8	& release date:		
Have a	ny pending legal i			•	give details:		
-							
Are you	u on Probation or	Parole? 🛮 Yes	□ No If yes	s, give details:			
	Payment amount						
Are you	u a convicted sex	orrender? LIY	es LINO ify	es, give details:	Nerr makes on published 80 consists a consistence acceptance.		

How did you hear about us?	·	
Reason for contacting us:		· ·
Ever been prescribed medications for a mental di	sorder? LlYes LlNo	
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?	s 🛘 No	
If yes, Program Name and Year attended:		
Longest length of time you were in a reco	very program?	
What is your drug(s) of choice?		
What is the longest length of time you have beer		
Do you use tobacco?		
Have you accepted Jesus as your Lord and Savi	ior? 🛮 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 understand that a background check will be dor inspections.	d is true to the best of my knowled ne and I may receive random drug	dge. I also g testing and
Resident Signature	Date	