



## Application/Information Sheet

Name: \_\_\_\_\_ Date \_\_\_\_\_ DOB \_\_\_\_\_  
SSN \_\_\_\_\_ CDL/CID# \_\_\_\_\_  
Employed: Y/N Employer: \_\_\_\_\_ Emplymnt Date: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Other source of income:  AFDC  GR  SDI  Unemplymt  other

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Spouse/Significant Other \_\_\_\_\_ Phone \_\_\_\_\_

Are you affiliated with any 12 step self help group(s) Y/N  
If yes; What type of meetings do you attend?  
 AA  CA  NA  CMA  CODA  SCA  SLA  Other

Important Dates (court etc.)  
\_\_\_\_\_ Probation/Parole Y/N

If on probation or parole do the terms restrict you from  
living in shared housing with others? Y/N  
If Yes, in what way(s)?  
\_\_\_\_\_  
\_\_\_\_\_

Drug Use Y/N Alcohol Use Y/N

Have you been seen by a psychiatrist/psychologist Y/N

Current psychiatrist/psychologist/doctor: \_\_\_\_\_

Current prescribed medications: \_\_\_\_\_

Medical providers contact number: \_\_\_\_\_

Must Avoid: \_\_\_\_\_

Guest Signature \_\_\_\_\_ Date \_\_\_\_\_

Mgr. Signature \_\_\_\_\_ Date \_\_\_\_\_