

LIVING STONES
— RECOVERY HOUSE —
RESTORE • REBUILD • RENEW

SECTION 1: IDENTIFYING INFORMATION

Full Legal Name: _____ Preferred Name: _____

Date of Birth: _____ SSN (last 4): _____

Phone Number: _____ Email Address:_____

Current Address: _____ Gender:_____

SECTION 2: EMERGENCY CONTACT/PESONAL REFERENCE

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____ Alternate Contact: _____

Personal Reference

Name: _____ Relationship: _____

Phone Number: _____ Alternate Contact: _____

SECTION 3: REFERRAL INFORMATION

Self-Referral: Yes ☐ No ☐

Referred By: _____ Agency/Facility: _____

Email/Telephone Contact Info: _____

SECTION 4: RESIDENCY ELIGIBILITY

Date of Last Substance Use/What was it?: _____

Currently in Treatment: Yes ☐ No ☐

Willing to maintain abstinence: Yes ☐ No ☐ Longest time ever sober:_____

SECTION 5: SUBSTANCE USE HISTORY

Primary Substance/Way used: _____

Secondary Substance/way used: _____

History of Overdose: Yes ☐ No ☐ If yes-date of last overdose:_____

Prior Treatment Episodes (and year):

_____

_____

_____

_____

_____

SECTION 6: MEDICAL & MEDICATION

Current Medical Conditions: _____

_____

Current Medications and Dosages: _____

_____

Prescribing Physician and phone number: _____

Known Allergies:_____

SECTION 7: MENTAL HEALTH & SAFETY

Diagnosed Mental Health Conditions: _____

_____

Psych Hospitalization: Yes ☐ No ☐ How many and when was the last?_____

_____

_____

Suicidal Ideation History: Yes ☐ No ☐ If yes, when was the last_____

History of violence? ☐ Yes ☐ No Arson history? ☐ Yes ☐ No

Sexual offense history? ☐ Yes ☐ No__If yes- are you a registered sex offender? ☐ Yes ☐ No

SECTION 8: LEGAL STATUS

On Probation/Parole: Yes ☐ No ☐ Outstanding Warrants:_____

Officer Name/Contact: _____

List charges:_____

_____

Court Mandated for treatment? Yes ☐ No ☐

Pending Charges: Yes ☐ No ☐ What are they?_____

SECTION 9: EMPLOYMENT / FINANCIAL

Employment Status: _____ Employer: ___ _____

Monthly Income: _____

Financial Plan for Rent: _____

Would you need assistance paying your rent?_____

SECTION 10: RECOVERY PARTICIPATION

Meetings per week presently: _____

Sponsor: Yes ☐ No ☐

Program Type: _____

SECTION 11: CONSENT TO RESIDENCY

Agree to reside voluntarily: Yes ☐ No ☐ Understand this is not treatment: Yes ☐ No ☐

SECTION 12: Motivation and Readiness

Why are you seeking sober living?_____

_____

_____

_____

_____

What does recovery mean to you?_____

_____

_____

_____

_____

What are your goals for the next 90 days to 6 months?_____

_____

_____

_____

_____

Why do you think this program is a good fit?_____

_____

_____

_____

_____

_____

I certify that the information provided in this application is true and complete. I understand that providing false or misleading information may result in denial or discharge.

Sober Living Applicant Signature: _____ Date: _____