



# Resident Application

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Name (First) \_\_\_\_\_ (M) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is your plan to return to this address following completion of your stay here? Y N

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Sec # \_\_\_\_\_ Email Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status S M D W P

Children Y N Names/ages \_\_\_\_\_

Spouses/Partner Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you willing to attend 12 step meetings 5 days a week? Y N

Are you willing to get a sponsor? Y N

## Emergency Contact Information

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Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Legal Information

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Are you legally mandated to us? Y N

Explain Current Legal Charges \_\_\_\_\_

On Probation: Y N      On Parole: Y N      Outstanding Warrants: Y N

Have you ever been convicted of any violent or sexual crimes? Y N

Supervision Officer Name \_\_\_\_\_

Title \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Do you want us to report your progress to your probation officer? Y N



Happy Destiny House  
Association

# Resident Application

## Demographic Information

Sex M F T

Race

- Caucasian
- African American
- Native America
- Asian-Pacific Islander
- Hispanic
- Other \_\_\_\_\_

Education (Check Highest Grade Completed)

- Less than HS
- HS/GED
- Some College
- 2 Year Degree
- 4 Year Degree
- Masters or PhD

Professional License (MD, DVM, etc.) \_\_\_\_\_

Profession/Employment \_\_\_\_\_

Household Income (Check One)

- Less than \$10,000
- \$10,000 – 25,000
- \$25,000 – 50,000
- \$50,000 – 75,000
- Over \$75,000

Religious Preference

- Protestant/Christian
- Catholic
- Jewish
- Other \_\_\_\_\_
- None

Military Service Y N Branch \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Previous Diagnosis (Check all that Apply)

- Substance Abuse
- Eating Disorder
- Mood/Personality Disorder – Type \_\_\_\_\_

## Addiction History

Current recovery date \_\_\_\_\_

Drug of Choice (Check all that apply and list specific form of substance)

- Alcohol Type \_\_\_\_\_
- Amphetamines Type \_\_\_\_\_
- Benzoids Type \_\_\_\_\_
- Cocaine Type \_\_\_\_\_
- Hallucinogen Type \_\_\_\_\_
- Marijuana Type \_\_\_\_\_
- Opiates Type \_\_\_\_\_
- Other Type \_\_\_\_\_

Have you ever relapsed? Y N No. of times \_\_\_\_\_ Age you began using? \_\_\_\_\_

## Referral Information

Have you been in treatment? Y N How many times have you been to treatment \_\_\_\_\_

Last Treatment Center Name \_\_\_\_\_

Case Manager's Name \_\_\_\_\_ Has a release of information been signed Y N

Who referred you to us? \_\_\_\_\_

Please answer the following questions below.

1. Who suggested that you come here (*chose one option that best applies*)?

- Family/Friend
- Employer/Coworker
- Treatment or human services professional
- Representative of the courts/judicial system
- No one
- Other: \_\_\_\_\_

2. How long have you been drug and alcohol free?

- Less than a month → How many days? \_\_\_\_ \_\_\_\_
- One to three months
- Four to six months
- Seven months to a year
- More than one year

3. In the past 30 days, where have you been living most of the time (*chose one option that best applies*)?

- My own home/apartment
- Someone else's home/apartment
- In a medical, treatment, or other residential recovery setting
- In jail, prison, or another correctional setting
- In a shelter or another temporary housing facility
- Outdoors or on the streets
- Other: \_\_\_\_\_

4. Are you currently enrolled in school or a job training program?

- Not enrolled
- Enrolled full-time
- Enrolled part-time
- Other: \_\_\_\_\_

5. Are you currently employed (*chose one option that best applies*)?

- Employed full-time (35+ hours per week)
- Employed part-time
- Unemployed and looking for work
- Unemployed and not looking for work (e.g., retired, disabled, enrolled in school, etc)
- Other: \_\_\_\_\_

6. In the past 30 days, did you attend any self-help or recovery support groups?

- Yes → *If yes, what type* \_\_\_\_\_ *how many?* \_\_\_\_ \_\_\_\_
- No

7. How would you rate your quality of life?

- Very poor
- Poor
- Neither poor nor good
- Good
- Very good

8. What would you like to accomplish during your stay here?

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9. What are your top 3 goals and why did you pick these?

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9. What potential challenges do you see in improving your recovery?

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10. What else would be helpful for us to know about you to best serve you?

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