



## ENDEAVOR HOUSE RESIDENT APPLICATION

### APPLICANT INFORMATION

Today's Date: \_\_\_\_\_

Desired date to move in to the Endeavor House: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Current physical address: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Do you own or rent: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

How long: \_\_\_\_\_ What is your monthly gross income: \_\_\_\_\_

Are you receiving welfare or other non-job related income: \_\_\_\_\_ If yes,  
please explain: \_\_\_\_\_

Marital status: Married  Separated  Divorced  Widowed  Partnership

Level of education completed: H.S.  College  Grad school

Other: \_\_\_\_\_

Are you a Veteran: \_\_\_\_\_

Are you pregnant: \_\_\_\_\_

Do you have a valid driver's license: \_\_\_\_\_

Do you have a car: \_\_\_\_\_ Is it registered and insured: \_\_\_\_\_

Current Treatment Center: \_\_\_\_\_

Expected discharge date: \_\_\_\_\_

Who referred you to us: \_\_\_\_\_

**RECOVERY AND SUBSTANCE USE**

Do you think you have a problem with alcohol: \_\_\_\_\_ If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Do you think you have a problem with drugs: \_\_\_\_\_ If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Primary addiction: \_\_\_\_\_ Date of last use: \_\_\_\_\_

List drugs/alcohol you used addictively:

1st \_\_\_\_\_ Route: \_\_\_\_\_

Date of last use: \_\_\_\_\_ Age of 1st use: \_\_\_\_\_

2nd: \_\_\_\_\_ Route: \_\_\_\_\_

Date of last use: \_\_\_\_\_ Age of 1st use: \_\_\_\_\_

3rd: \_\_\_\_\_ Route: \_\_\_\_\_

Date of last use: \_\_\_\_\_ Age of 1st use: \_\_\_\_\_

**EMERGENCY CONTACT**

Name of person not residing with you: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of person not residing with you: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**OTHER INFORMATION**

Please list hobbies and special interests:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
What would you say your best characteristics are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Do you have a medical Doctor: Yes  No

If yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>EMPLOYMENT</b>
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Current employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Current work schedule: (Show hours)

Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

List your last 3 employers:

Company Name:

Supervisor:

Contact Info:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If unemployed what are your plans for getting a job:

\_\_\_\_\_

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Please list your vocational skills/specialized training or certifications:

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<b>LEGAL</b>
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Have you ever been convicted of a crime, a felony , or charged with sexual assault:

Yes  No  If yes, explain:

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Have you been arrested in the past 30 days: Yes  No  If yes, explain:

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Are you currently on probation or parole: Yes  No  If yes:

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you Mandated: Yes  No

Are you experiencing legal problems (i.e. Court dates, warrants, active restraining orders):

Please describe: \_\_\_\_\_

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<b>MEDICAL</b>
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So you take any prescription medications: Yes  No  If yes, Please list:

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Do you have any medical conditions or allergies: Yes  No  If yes, please explain:

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When did you attend your last AA or NA meeting: \_\_\_\_\_

How many meetings have you attended in the last 30 days: \_\_\_\_\_

Do you already have a sponsor or a Recovery Coach: Yes  No  If yes :

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any other recognized addictions or disorders (i.e. Eating disorder, cutting):

Yes  or No  If yes, Please explain:

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How long have you been clean/Sober:

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What is the longest you have gone substance free: \_\_\_\_\_

How many previous recovery attempts/relapses have you had:

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Are you on any maintenance programs, and if so, which:

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Are you interested in being on a maintenance program:

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Have you ever lived in a home shared by other people: Yes  No

Do you anticipate any problems with this: Yes  No  If yes, Please explain:

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What is your main goal at this time:

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Describe any reasonable accommodations you believe are needed to enable you to perform essential functions:

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I certify that the above information is correct to the best of my knowledge and I authorize the verification of the information provided on this form:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_