

# ENDEAVOR HOUSE RESIDENT APPLICATION

## APPLICANT INFORMATION

Today's Date:		Desired date of move in :		Reason for move:	
Name:					
Date of birth:		SSN:		Phone:	
Current address:					
City:		State:		ZIP Code:	
Own or Rent		Monthly payment or rent:		How long?	
Previous address:					
City:		State:		ZIP Code:	
Own or Rent		Monthly payment or rent:		How long?	
Marital Status: Married    Separated    Divorced    Widowed    Registered Partnership					
Level of education completed:				Veteran: Yes or No	
Are you pregnant: Yes or No					
Who referred you to us?					

## RECOVERY AND SUBSTANCE USE

Do you think you have a problem with alcohol? Yes or No		Do you think you have a problem with drugs? Yes or No	
List drugs/alcohol you used addictively:			
1 <sup>st</sup> _____		Route (smoke, IV, Oral etc.) _____	
Date of last use: _____		Age of 1 <sup>st</sup> use: _____	
2 <sup>nd</sup> _____		Route (smoke, IV, Oral etc.) _____	
Date of last use: _____		Age of 1 <sup>st</sup> use _____	
3 <sup>rd</sup> _____		Route (smoke, IV, Oral etc.) _____	
Date of last use: _____		Age of 1 <sup>st</sup> use: _____	

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

When did you attend your last AA or NA meeting:

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

Do you have a sponsor? Yes or No If yes: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any other recognized addictions or disorders? (i.e. Eating disorder, cutting, sex addict) Yes or No

Please describe:

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

Are you interested in a maintenance program, and if so which?

How much clean time do you currently have?

What is the longest you have gone substance free?

How many previous recovery attempts/relapses have you had?

## LEGAL

Have you been arrested in the past 30 days: Yes or No

Are you currently on probation or parole: Yes or No

If yes, Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you mandated: Yes or No

Do you have any legal problems (i.e. Court dates warrants

If yes please describe:

Do you have any active restraining orders against you or someone else? Yes or No

If yes please describe:

## MEDICAL

Do you take any prescription medications? Yes or No

If yes please list

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Do you have any medical conditions or allergies? : Yes or No

If yes, please describe:

Do you have a medical doctor: Yes or No

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

## EMPLOYMENT

Current employer:

Employer address:

City

State

Phone:

Position:

Current work Schedule indicate Hours:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

**List your last 3 employers:**

**Company Name:**

**Supervisor:**

**Contact Info:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If unemployed what are your plans for getting a job:

Please list your vocational skills/specialized training or certifications:

Are you receiving welfare or other non-job related income? Yes or No

If yes, indicate source:

What is your monthly gross income right now: \$

Do you have a valid driver's license? Yes or No

Do you have a car: Yes or No If yes, is it registered and insured? Yes or No

## EMERGENCY CONTACT

1. Name of a person not residing with you:

Address:

City:

State:

ZIP Code:

Phone:

Relationship:

2. Name of a person not residing with you:

Address:

City:

State:

ZIP Code:

Phone:

Relationship:

3. Name of a person not residing with you:

Address:

City:

State:

ZIP Code:

Phone:

Relationship:

## OTHER INFO

Please list hobbies and special interests:

What would you say your best characteristics are:

Have you ever lived in a home shared with other people? Yes or No

Do anticipate any problems with this? Yes or No

If yes, please list:

What is your main goal at this time?

Anything else you want to tell us?

## REFERENCES

Name:

Address:

Phone:


I authorize the verification of the information provided on this form as to my legal and employment.

Signature of applicant:

Date: