



## APPLICATION FOR RESIDENCY

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

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Mobile or Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Are you in jail or prison now? \_\_\_\_\_ If yes, what is the expected release date? \_\_\_\_\_

Were you referred?  Yes  No If yes, by whom? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you an alcoholic? \_\_\_\_\_ If yes, date of last drink \_\_\_\_\_

Are you addicted to drugs? \_\_\_\_\_ If yes, date of last drug use \_\_\_\_\_

Primary drug used? \_\_\_\_\_ Other drugs used? \_\_\_\_\_

Method of use:  Ingested  Smoke  Intravenous

Age of first use? \_\_\_\_\_ How long is your longest period of sobriety in the past? \_\_\_\_\_

List all outpatient drug and alcohol programming/treatment you have participated in: (12-step, drug court, IOP)

\_\_\_\_\_

Have you previously been in any residential facilities?  Yes  No

If yes, where and when? \_\_\_\_\_

Do you want to stop drinking alcohol and using addictive drugs?  Yes  No

What was/is happening that prompted you to seek recovery? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What problems do you want to work on while here? \_\_\_\_\_

\_\_\_\_\_

Do you have support from sober family or friends to enter this type of program? \_\_\_\_\_

What are you willing to do to obtain/maintain recovery? \_\_\_\_\_

\_\_\_\_\_

Are you employed?  Yes  No If yes, who is your employer? \_\_\_\_\_

If no, why not and when were you last employed? \_\_\_\_\_

\_\_\_\_\_

Are you receiving disability, supplemental income or other non-job related income?  Yes  No

If yes, what is the source of income? \_\_\_\_\_

Do you have an occupational skill or trade?  Yes  No If yes, what is your skill or trade? \_\_\_\_\_

If you do not have a job, are you willing to get one? \_\_\_\_\_ Do you need help getting a job?  Yes  No

What is your income each month now? \_\_\_\_\_

If \$0, what will be the source of your admission fees? \_\_\_\_\_

What is your current educational status?

Graduate high school  GED  Some College  College Degree  other; highest grade completed \_\_\_\_\_

Do you have any health problems that require special care?  Yes  No If yes, explain \_\_\_\_\_

\_\_\_\_\_

Do you have a medical doctor?  Yes  No Dr. Name \_\_\_\_\_

Have you ever tried to commit suicide?  Yes  No If yes, when? \_\_\_\_\_

Have you ever received mental health treatment  Yes  No If yes,  Inpatient  Outpatient

Are you currently receiving mental health treatment?  Yes  No

If yes, list the treatment provider and phone number \_\_\_\_\_

Do you take prescription drugs?  Yes  No

If yes, list the drugs and the reason the drug has been prescribed:

\_\_\_\_\_

\_\_\_\_\_

Do you have a mental health diagnosis?  Yes  No If yes, what is the diagnosis? \_\_\_\_\_

How many times have you been arrested \_\_\_\_\_ Do you have any court cases pending?  Yes  No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Are you currently on probation or parole?  Yes  No If yes, are you currently in compliance?  Yes  No

Do you have any outstanding warrants for your arrest?  Yes  No

Have you ever been convicted of a sexual offense?  Yes  No

If yes, please provide the County and PO Name: \_\_\_\_\_

Are you enrolled in the Recovery Works program?  Yes  No

If female, are you pregnant?  Yes  No If yes, when is the due date? \_\_\_\_\_

Single  Married  Separated  Divorced  In a relationship

Name of partner \_\_\_\_\_ Is your partner clean and sober?  Yes  No

Do you have children?  Yes  No If yes, how many? \_\_\_\_\_ Ages? \_\_\_\_\_

Who are they currently living with?  With Family/Friends  Adopted out  Open DCS Case

If you are currently separated from your minor children, will you be having visitations?  Yes  No

If yes, how often? \_\_\_\_\_

Useful Telephone Numbers - Family, Friends, Doctor, etc.

Name and Address	Relationship	Telephone

Are you a veteran?  Yes  No

Do you have anything else you would like to tell us?

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

I, \_\_\_\_\_, agree to allow the staff of The Avenues Program to discuss my background and treatment with other professionals and agencies. I understand for the protection of myself and others there may be a need for the Board of Directors or the staff of The Avenues to check on my legal standing and criminal background. I also understand that I am giving permission for the staff of The Avenues to contact any and/or all names and facilities on this application. I have read all the questions and answered them honestly. I agree to not use non-prescribed drugs, consume alcohol or violate the law while living at The Avenues. I agree to maintain gainful employment. I agree to stay current with my service fees. I agree to attend all required meetings and classes. I agree to participate in weekly house meetings and share regular house chores. I agree to these conditions because recovery from drug and / or alcohol addiction is important to me.

Printed Name \_\_\_\_\_

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

Completed applications may be sent to The Avenues , mailed or dropped off to staff at 1901 8th Ave., Terre Haute, IN 47804