



Date \_\_\_\_\_

**GENERAL INFORMATION**

Print Name: \_\_\_\_\_ (Last, First, MI)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ race: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Telephone # Home (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Cell(\_\_\_\_) - \_\_\_\_\_

Do you have a VALID Driver's License? Yes / No \_\_\_\_\_ Vehicle? Yes / No \_\_\_\_\_

Marital Status? \_\_\_\_\_ (single, married, separated, divorced, widowed)

Dependent children? Yes / No ages: \_\_\_\_\_

Are you ordered to pay support? Yes / No How Much? \_\_\_\_\_

Education: \_\_\_\_\_

Military Service: Yes / No Branch & Years \_\_\_\_\_ Discharge Status \_\_\_\_\_

**SUBSTANCE ABUSE INFORMATION**

Date of last drink or drug \_\_\_\_\_ Drug of choice; please list in order of preference:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Circle all that you have ever used: Alcohol Opiates Cocaine/crack

Marijuana Benzos (valium, ect.) Amphetamines/Meth

Hallucinogens Inhalants others(list)

Use History: When did you start? \_\_\_\_\_ How did it progress? \_\_\_\_\_

Describe last 48 hours of use: \_\_\_\_\_

Family History: Parents alive? \_\_\_\_\_

Substance Abuse in Family? \_\_\_\_\_

Treatment History: 1.) most recent: \_\_\_\_\_

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

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

Were you *referred* to Progress House? \_\_\_\_\_ Referred by: \_\_\_\_\_

Do you have a sponsor? \_\_\_\_\_ Your sponsor's name: \_\_\_\_\_

How would you rate your motivation to be a resident? : 0=not motivated; 10= very motivated

Please circle your choice: 0 1 2 3 4 5 6 7 8 9 10

What do you see the Progress House providing for you? \_\_\_\_\_

What are You willing to do to get better? \_\_\_\_\_

**EMPLOYMENT**

Are you currently employed? \_\_\_\_\_ Where? \_\_\_\_\_

Are you currently collecting Unemployment? Yes / No Disability? Yes / No

If you are collecting disability, what is your disability? \_\_\_\_\_

What is your current monthly income? \_\_\_\_\_

**LEGAL HISTORY**

When was last drink/drug use? \_\_\_\_\_

**Legal History: (PAST AND PENDING) LIST EVERYTHING! (Use back of form if necessary)** \_\_\_\_\_

\_\_\_\_\_

**Do you have a restraining/no contact order?** \_\_\_\_\_

**Are you a sex offender or have pending sex related charges?** \_\_\_\_\_

**Probation Officers Name:** \_\_\_\_\_ **phone:** \_\_\_\_\_

**MEDICAL/PSYCHIATRIC HISTORY**

**List ALL current medications:** \_\_\_\_\_

\_\_\_\_\_

**List ALL Medical Problems:** \_\_\_\_\_

**Seizure History? Y/N IF YES, DATE?** \_\_\_\_\_

**Do you smoke? Yes / No How much? Do you want to quit? Yes / No** \_\_\_\_\_

**List All Emotional/psychiatric problems:(depression, anxiety, trouble concentrating...)** \_\_\_\_\_

\_\_\_\_\_

**Have you had suicide attempt(s) Yes / No When?** \_\_\_\_\_

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

**Have you had suicidal thoughts? When?** \_\_\_\_\_

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

**EMERGENCY CONTACT**

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

**FAMILY GROUP PARTICIPATION YES: NO: UNSURE:** \_\_\_\_\_

**Family Contact Info:** \_\_\_\_\_

**I have read the above application and all information is true. By signing this application, I give Progress House permission to access my full criminal history and consent to a background check. Misinformation may result in eviction, if accepted. The nature of Progress House requires expulsion, without notice; of any resident that is found to be using alcohol and drugs. I agree to submit to a breath test or urinalysis if requested. I hereby waive any landlord-tenant rights in order to gain occupancy to Progress House.**

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**APPLICANT SIGNATURE**

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**STAFF INTERVIEWER DATE**

**Application Fee:** \_\_\_\_\_

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**Senior Staff Approval Date**