

# Courage to Change Sober Living Residency Application

Submission of this form does not guarantee admission or services of any sort

BE AS DETAILED AS POSSIBLE! Make more room in this application if needed.

Answer every relevant question thoroughly.

## General Information

- 1) Current age\_\_\_\_\_
- 2) Full Name\_\_\_\_\_
- 3) Current Address\_\_\_\_\_
- 4) City\_\_\_\_\_
- 5) County\_\_\_\_\_
- 6) State\_\_\_\_\_
- 7) Zip Code\_\_\_\_\_
- 8) Gender\_\_\_\_\_
- 9) E-mail Address\_\_\_\_\_
- 10) Phone Number\_\_\_\_\_
- 11) Why do you need residency? (be detailed)\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Former Use

- 1) Drug(s) of Choice\_\_\_\_\_
- 2) First Use (E.g. Age, circumstances, etc)\_\_\_\_\_
- 3) Last Use\_\_\_\_\_
- 4) Have you ever used needles? How often?\_\_\_\_\_
- 5) Have you ever shared needles? How often?\_\_\_\_\_
- 6) How did you begin using? (be detailed)\_\_\_\_\_

## Legal Situation

- 1) Currently Incarcerated?\_\_\_\_\_
- 2) What facility?\_\_\_\_\_
- 3) Potential Release Date?\_\_\_\_\_
- 4) Pending Charges? \_\_\_\_\_
- 5) List Previous Charges\_\_\_\_\_
- 6) Legal Status?\_\_\_\_\_

- 7) Who is your Corrections Officer? \_\_\_\_\_  
8) County? \_\_\_\_\_

## Financial Situation

- 1) Employed? \_\_\_\_\_  
2) Employer? \_\_\_\_\_  
3) Other Income \_\_\_\_\_  
4) Insurance Carrier \_\_\_\_\_  
5) Medicaid \_\_\_\_\_  
6) Medicare \_\_\_\_\_  
7) What would you be able to pay upon entrance? \_\_\_\_\_

## Medical

- 1) Do you have current medical problems/needs? \_\_\_\_\_  
2) Current medication prescribed and why? (if none, put n/a) \_\_\_\_\_  
3) Healthcare provider \_\_\_\_\_  
4) Prior substance abuse treatment? (list dates. if none, put n/a) \_\_\_\_\_  
5) Any other mental health treatment, counseling, or diagnosis? (list places and dates) \_\_\_\_\_  
6) Are you taking any medication for mental health reasons? if so list the medication(s) \_\_\_\_\_  
7) Dosage? \_\_\_\_\_  
8) Provider? \_\_\_\_\_  
9) Have you attended 12 step meetings before? (AA/NA/HA) \_\_\_\_\_  
10) Describe your experience in 12 step programs \_\_\_\_\_  
11) Are you attending meetings now? How many per week? \_\_\_\_\_  
12) Do you have a sponsor? Why or why not? \_\_\_\_\_

## Support

- 1) Who supports you in your recovery? What is your relationship like? \_\_\_\_\_  
2) Describe any other problems or concerns in your life (Be detailed) \_\_\_\_\_  
3) Do you have any dependents? (list name, age, and current living situation) \_\_\_\_\_

- 4) Are you involved with DCS? \_\_\_\_\_
- 5) Case Workers name? \_\_\_\_\_
- 6) County? \_\_\_\_\_

I have completed this application honestly and to the best of my ability. I understand that if I am admitted into Courage to Change sober living, I need to have one month's supply of any prescription medications that I am taking, as well as a pharmacy label on each prescription container.

Signature \_\_\_\_\_