

Email \_\_\_\_\_

Phone: ( ) -

Fax: ( ) -

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Marital Status: \_\_\_\_\_ Current Living Situation: \_\_\_\_\_

### RECOVERY INFORMATION

Are you and Alcoholic? **Y/N** Drug addict? **Y/N**

Drug(s) of Choice: \_\_\_\_\_

Currently/recently in treatment? **Y/N** Name & Location of Facility: \_\_\_\_\_

Did you complete successfully? **Y/N** Discharge Date: \_\_\_\_\_ Name of Counselor: \_\_\_\_\_

How do you plan to maintain your sobriety?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who referred you to Good Shepard Recovery House? (*Name, Relationship & Phone*)  
\_\_\_\_\_  
\_\_\_\_\_

Do you attend 12-step meetings? (*A.A., N.A., etc.*) **Y/N** If so, which ones?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a sponsor? **Y/N** Sponsor Name and Phone #: \_\_\_\_\_

Have you previously lived in a recovery/sober house? **Y/N** When/How long?  
\_\_\_\_\_  
\_\_\_\_\_

Why did you leave?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to live at the Good Shepard Recovery House?

### EMPLOYMENT INFORMATION

Are you employed? **Y/N** **If Yes,** Name & Location of Employer:

Job Title:                      How Long Employed?                      Current Monthly Income:

What other types of work have you done?

Special Skills/Training:

**If No,** how long since last employed?

Are you willing/able to get a job 30 days following intake date? **Y/N** Are you willing/able to be self-supporting? **Y/N**

Will someone else be helping you pay rent or intake fee? **Y/N**

Name/Relationship:                      Phone #:

Street Address:                      City:

State:                      Zip:

### LEGAL INFORMATION

List *All* Pending Charges/Cases/Warrants:

Ever been incarcerated? **Y/N** When/How Long?

Reason:



Name & Location of Facility(s):		
Currently on probation/parole? <b>Y/N</b> Location of Office:		
Name of Officer:	Contact Phone #:	Are you a registered sex offender? <b>Y/N</b>
List Felony <i>Convictions</i> :		
<b>MEDICAL INFORMATION</b>		
List All Medical/Psychiatric Conditions:		
List All Current Medications:		
Describe Any Injuries/Disabilities:		
Describe Physical Limitations Resulting from Disabilities:		
Name of Physician:		
Are you receiving Suboxone, Subutex, Methadone, Vivitrol, Antabuse, etc.? <b>Y/N</b>		



if so, what ( <i>list all</i> )?			
Physician Prescribing:			
<b>EMERGENCY CONTACTS (<i>LIST TWO</i>)</b>			
Name:	Relationship:	Phone:	
Street Address:	City:	State:	Zip:
Name:	Relationship:	Phone:	
Street Address:	City:	State:	Zip: