

GOOD SHEPHERD RECOVERY HOUSE APPLICATION

Email _____

Phone # _____

Fax # _____

PERSONAL INFORMATION

NAME:

DATE OF BIRTH:

DRIVER'S LICENSE:

STATE:

PHONE #:

EMAIL:

SOCIAL SECURITY #:

MARITAL STATUS:

RECOVERY INFORMATION

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 SHEPHERD RECOVERY HOUSE? (NAME, REALATIONSHIP & 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 #:

ANY ALTERCATIONS OR RESTRICTIONS AT TREATMENT FACILITY?

GOOD SHEPHERD RECOVERY HOUSE APPLICATION

EMPLOYMENT INFORMATION

WHAT TYPES OF WORK HAVE YOU DONE?

SPECIAL SKILLS/TRAINING:

LEGAL INFORMATION

LIST ALL PENDING CHARGES/CASES/WARRANTS:

EVER BEEN INCARCERATED? **Y** **N** IF YES, WHEN & HOW LONG?

REASON:

MEDICATIONS

IF SO, WHAT (LIST ALL)?

PHYSICIAN PRESCRIBING:

GOOD SHEPHERD RECOVERY HOUSE APPLICATION

EMERGENCY CONTACTS LIST TWO

EMERGENCY CONTACT (1)			
NAME	RELATIONSHIP	PHONE#	
STREET ADDRESS:	CITY:	STATE:	ZIP:

EMERGENCY CONTACT (2)			
NAME	RELATIONSHIP	PHONE#	
STREET ADDRESS:	CITY:	STATE:	ZIP: