

Application For Residency in Liberty House

1. Print name (Last, First, Middle)	2. Date of Birth		
	Month	Day	Year
3. Present address (street) check if treatment facility <input type="checkbox"/>	4. Phone where you can be reached Home (    ) _____ - _____ Work (    ) _____ - _____		
5. Marital Status (Check One) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	6. Do you have children <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" age(s): _____		
7. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" who is your employer? _____ _____ <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	8. Do you receive public assistance or other non-employment related income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" what? _____ _____		
9. What is your monthly income? (Net amount) \$ _____	10. Do you have a Primary Care Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Doctor's Name: _____		
11. Do you take any prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list medications and conditions for which it is prescribed: _____ _____ _____ _____	Doctor's Phone Number: (    ) _____ Any Allergies: _____ _____ Medical History: _____ _____		
12. Have you ever been treated for substance use disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Treatment Provider's Name: _____ Phone Number: (    ) _____ Primary Counselor (if any): _____	13. Have you ever resided in a Recovery/Sober House? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" where? _____ _____ _____		
14. Do you attend any self-help meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____			
15. Any legal history? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list history _____ Pending Charge(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list charge(s) _____ Parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list name(s) _____ Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No if "yes" list name(s) _____			

16. Date of move in?  Immediately  Other – If “other” list the date you would want to move in, if accepted, and why the is in the future rather than immediately. Date: \_\_\_\_\_ Reason:

17. Have you ever lived in Liberty House before?  Yes  No If “yes” provide the name and location of the Liberty House below and answer question 18.

18. (Answer this question if the answer to question 17 was “yes”) I left the previous Liberty House for the following reason (check one)  
 Relapse  Voluntarily  Other reason(s) \_\_\_\_\_

I did  or did not  owe money to Liberty House when I left. If I did owe money to Liberty House, I will agree to repay the money I owed to Liberty House.  Yes  No

19. Emergency Telephone Numbers. (List family doctor, if you have one, + two family members or friends)

Name and Address	Relationship	Telephone
1.		
2.		
3.		

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

For use by Liberty House

Accepted Not Accepted Move in date: \_\_\_\_\_ Move out date: \_\_\_\_\_

House keys returned YES NO Outstanding debt to house: \$ \_\_\_\_\_ Date Repaid: \_\_\_\_\_