

180 Center Inc.

Resident Application

Date: _____

Name: _____ DOB: _____ Social Security: _____

Current Address:

Best Contact Number: _____ Alternate Phone Number: _____

Current Employer: _____ Address: _____

Phone Number: _____ Manager's Name: _____

Emergency Contact and Release of Information: (Name, Phone #, Address, Relation)

180 Center Inc.

(I understand that the person listed above will be given any information deemed appropriate by management, in the event that it is necessary to communicate with them during my stay at this facility. Applicants Initials: _____

Current Treatment Center or Correctional Facility:

Address: _____ Phone to Facility: _____

Primary Councilor: _____ Contact Number: _____

Tentative Discharge Date: _____

Past Treatment programs City State Counselor

Entry/Exit Date

Have you ever lived in a Half-way, 3/4, or Sober House? YES or NO

Where? _____ When? _____

Substance(s) used in past:

Drug(s) of choice: _____ Sobriety Date: _____

Which recovery program are you working, i.e. AA, NA, or CR? ___ Do you attend meetings? _____

What meetings do you attend?

Do you have a sponsor (Y/N)? ___ If yes, list sponsors first name and last initial:

If no, why not?

What is your current source of income? _____ Weekly income:

\$ _____

Are you a legal guardian for any dependents (Y/N)? ___ If yes, how will you deal with child care while staying in our facility? _____

Do you have child support obligation (Y/N)? ___ Amount per month?

\$ _____

Pending legal matters (Please explain):

Past legal matters (Please explain):

Have you ever been convicted of a felony (Y/N)? ____ If yes, please explain:

Are you required to register as a sex offender (Y/N)?

Have you ever been convicted of arson (Y/N)?

Do you have any Mental Health diagnosis (Y/N)? ____ What is diagnosis?

Have you ever experienced any suicidal ideations, attempts, or received in-patient treatment for self-harming behaviors (Y/N)? ____ When? _____

Current Medications and Dosage:

Are you participating in or about to enter a suboxone or other replacement program (Y/N)? _____

Please list programs name and contact info?

How did you hear about us?

Why do you think you are a good fit for Sober living?

By signing this you are stating that the information provided is truthful.

Applicants Name: _____ Date:

Signature: _____

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