

“FULL MEASURES” YOUNG MEN’S SOBER LIVING HOME
RESIDENT APPLICATION AND INFORMATION FORM

Date

Last Name

First Name

MI

Birthdate

Age

Social Security #

Drivers License#

Referred By

Emergency Contact

Phone Number

Last Resided
(Rent/Own?)

Address

City/State

Zip

How Long ?

Monthly Rent

Landlord

Phone Number

Drug of Choice

Age 1st Use

1st Reg. Use

Max. Daily Use

*

Please list all other drugs used with year of last use (Include

*

Prescription Drugs Abused)

*

Tobacco? Packs Per Day

Caffeine: “Doses” Per Day

What time do you go to sleep? What time do you get up?

*

Please list all prior treatments, approximate years, including

*

Detox(s), Rehab(s), Extended Residential, & Sober Living(s)

*

*

*

AA/CA/NA Sponsor

Age

Years Sober

Telephone

^

List all felonies or misdemeanors, old or pending

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If Applicable, Name/Contact Number for Parole/Probation Off

+

Medical Problems, Surgeries, Medication, and Allergies

+

+

+

Employer/Job

Hrs/WK

School

Hrs/Wk