

APPLICATION FOR MEMBERSHIP

SOBER NEST RECOVERY HOMES

Please read the application carefully and answer the questions honestly

PRINT NAME (first-middle-last)

BIRTHDATE (month-day-year)

PRESENT ADDRESS

PHONE NUMBER

IS THIS A TREATMENT FACILITY?

YES NO

IF NOT HAVE YOU EVER BEEN IN TREATMENT?

YES NO

ARE YOU AN ALCOHOLIC

YES NO

THE DATE OF YOUR LAST DRINK

HAVE YOU BEEN ADDICTED TO DRUGS?

YES NO

THE DATE OF YOUR LAST USE

LIST ALL DRUGS YOU HAVE ABUSED

DO YOU HAVE A JOB?

YES NO

ARE YOU ABLE TO WORK?

YES NO

LIST ANY SOURCE OF INCOME YOU MAY HAVE (SSI, UNEMPLOYMENT, ETC)

MARRIED SINGLE DIVORCED SEPERATED

MEDICAL

LIST ANY PROBLEMS YOU HAVE NOW

LIST ANY MEDICATIONS YOU ARE NOW TAKING

ARE ANY OF YOUR MEDICATIONS NARCOTICS? YES NO

EMERGENCY CONTACTS

DOCTOR

NAME _____

ADDRESS _____

TELEPHONE _____

NEAREST RELATIVE

NAME _____

ADDRESS _____

TELEPHONE _____

FRIEND/RELATIVE

NAME _____

ADDRESS _____

TELEPHONE _____

LEGAL ISSUES

ARE YOU REQUIRED TO REGISTER AS A SEX OFFENDER? YES NO

LIST ANY PENDING CHARGES

ARE YOU ON PROBATION OR PAROLE YES NO

OFFICER NAME _____

TELEPHONE NUMBER _____

VEHICLE

DO YOU HAVE A VEHICLE? YES NO

Make _____ Model _____ Color _____

IS THIS VEHICLE IN YOUR NAME? YES NO

DO YOU HAVE A VALID DRIVERS LISCENCE? YES NO

DOES THIS VEHICLE HAVE INSURANCE? YES NO

DOES THIS VEHICLE HAVE AN INSPECTON STICKER? YES NO

IF WE ACCEPT YOU, WE ARE NOT ONLY ALLOWING YOU INTO OUR HOME, WE ARE ACCEPTING YOU AS A MEMBER OF OUR FAMILY

BY SINING HERE YOU ATTEST THAT ALL INFORMATION PROVIDED IS THE TRUTH

SIGNATURE

DATE