

New Hope Recovery Houses Admission Application _____CODE

MOVE IN DATE: _____ DRIVERS LICENSE OR STATE ID# _____

Name: _____ Date of Birth: _____

Permanent Address: _____

Street

State

Zip

Cell: (_____) _____

Please list emergency contacts:

Name: _____

Phone: _____

Relationship to you: _____

Name: _____

Phone: _____

Relationship to you: _____

When was the last time you consumed alcohol? _____ drugs? _____ CLEAN DATE: _____

Do you want to defeat your addiction and change your life? Y or N

Will you abide by the belief's and lifestyle guidelines required by New Hope Recovery? Y or N

Have you ever been, or are you currently, in a substance abuse treatment program? Y or N

Where were you in treatment/rehab/Outpatient last?

Where:

When:

Do you take prescription drugs of any kind? Y or N

If yes, please list the drug name, the dose and frequency:

Drug:

Dosage:

Frequency:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why do you want to live in New Hope Recovery's house?

How can New Hope Recovery help you?

Do you currently have a sponsor? Have you been in a 12 step program before? Describe

Are you employed? Y or N

If yes, please complete the following information:

Employer: _____

Phone: _____

Position: _____

Do you authorize New Hope Recovery to share information regarding your residency status? Y or N If coming from treatment include peer coach/ therapist for progress reports.

Name	Phone:	Relationship:
_____	_____	_____
_____	_____	_____

Please read very carefully before signing!

Anyone with a CSC charge or a violent crime charge is not allowed at New Hope Recovery Houses.

New Hope reserves the right to evict any resident at any time without notice.

New Hope Recovery reserves the right to evict, without notice any resident using drugs or alcohol. Disruptive behavior or non-payment of fees can also lead to eviction.

I have read the above items pertaining to eviction and agree to waive my landlord-tenant rights if I am required to leave for not following New Hope Recovery House's guidelines regarding drugs or alcohol usage, displaying disruptive behavior, or non-payment of fees. If I leave voluntarily, I agree to give the director 2 weeks notice.

I agree that all information provided is true and nothing has been omitted. Lying by omission will result in eviction.

Resident signature: _____

Date: _____

Manager signature: _____

Date: _____