

Do you have or have had any medical conditions that requires doctor's care? Yes___ No___ If yes list all _____

Have you ever been in a recovery program? Yes___ No___ If yes please list name of program. location And dates Attended _____

If you have been in a recovery program how long were you there? _____

What is your addiction? _____

What is your longest length of time being clean? _____

If you use tobacco you need to know this program is tobacco free. You will not be allowed to use tobacco at any point.

Have you accepted Jesus as your personal savior? Yes___ No___ If yes when? _____

This program is Christ based and you will be expected to participate in Educational classes building a closer walk with Jesus Christ.

List any skills you have? _____

What are your talents: _____

Is there anything special you want us to know about you? _____

I certify that all the information that I have stated is true to the best of my knowledge. I also understand that a background checks will be done, and I may receive random drug tests and inspections.

Resident Name

Date