



Date _____

Resident Application

Name _____

DOB _____ SSN _____

Forms of ID: Driver's License # _____ State Picture ID _____

Current Address _____

Own Rent Other

Home Phone Cell _____

Closest Relative's Name and Relation _____

Address _____

Home Phone _____ Cell _____

Marital Status: Married _____ Single _____ Divorced _____ Children: How many? _____

Names and ages? _____

Do you own a vehicle? _____ Make: _____ Model: _____ Year: _____

Education highest level completed when and where?

Religion? _____

Employment History: _____

What is your addiction? _____

Last day of use? _____

Detox: Where? _____

Dates? _____

Have you ever been treated for your addiction? _____

Where? When? _____

Are you court ordered to live in a halfway house? _____

Do you have any physical health problems? List all. _____

Do you take any medications? List all and dosage _____

Do you have health insurance? _____

Are you currently receiving SSI or Disability? _____ Amount? _____

Why? _____

Do you have any legal actions pending? Explain.

Court Date: _____ Probation? _____

List everything you have been arrested for. _____

Do you have verifiable employment? _____ Where? _____

If not employed or become employed, are you willing to take a job washing dishes? _____

Are you in a relationship? Yes No Person's Name _____

Are you willing to go a minimum of 30 days without talking to this person? Yes No

If not in a relationship, are you willing to stay out of a relationship for one year? Yes No

Are you willing to work all 12 steps before leaving HHH? Yes No

Are you willing to follow the suggestions and rules of HHH? Yes No

Need copies of the following:

Driver's License/State ID card
Drug Test Results

Social Security Card
Copy of Immunization

Insurance Card

Resident Signature: _____ Date: _____

Witness Signature: _____ Date: _____