

# Recovery Residence Program Application



## APPLICANT DETAILS

Application Date: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Driver's License State & Number \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number (SSN) \_\_\_\_\_ Marital Status \_\_\_\_\_

Phone Number (Mobile) \_\_\_\_\_  
 Arbor Park may contact me at this number.  
 Arbor Park may leave messages at this number.

Email Address \_\_\_\_\_  
 Arbor Park may send messages to this address.

## SUBSTANCE USE HISTORY

Sobriety Date: \_\_\_\_\_ Age you started using: \_\_\_\_\_ Longest time clean/sober: \_\_\_\_\_

Substances you used/abused (check all that apply – circle your primary substances):

- Alcohol       Opiates       PCP       K2 (Spice)       Marijuana  
 Benzos (Xanax, Klonopin)       Cocaine       Heroin       Bath Salts       Ecstasy  
 Methamphetamines       LSD       Amphetamines       Other: \_\_\_\_\_

How many times have you been in treatment/rehab? \_\_\_\_\_ Please describe provider and program below.

Provider Name	Program Type (in-patient rehab, IOP, private counseling, hospitalization)	City, State	Year

What 12-Step groups have you attended?  AA     NA     CA     Other: \_\_\_\_\_

I have a home group. Name & Location: \_\_\_\_\_

I have a sponsor. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## REFERRAL INFORMATION

Referral Type:  Self     Sponsor     Treatment Center     Hospital  
 Friend     Family     Healthcare Provider     Other: \_\_\_\_\_

Referral Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## MOST RECENT ADDRESS

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PAROLE/PROBATION/WARRANT**

I am on parole/probation. Parole/Probation Officer: \_\_\_\_\_ County: \_\_\_\_\_  
Officer Phone Number: \_\_\_\_\_

I have a warrant for my arrest. Offense: \_\_\_\_\_ County: \_\_\_\_\_

**EMERGENCY CONTACT**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
By signing this application, I consent to Arbor Park contacting this person in the event of an emergency.

**OCCUPATION**

I have a job. Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_

I go to school. School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Other than addiction, are you being treated for any other physical or mental conditions?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you have the following?  Hepatitis C  HIV Positive/AIDS Are you receiving treatment?  Yes  No

Are there other physical or mental conditions you are not receiving treatment for?  Yes  No

If yes, please describe: \_\_\_\_\_

If you are taking prescribed medications, please list the name, dosage, and purpose of each, below.

Name	Dosage	Purpose

Name	Dosage	Purpose

Do you currently or have you in the past, engaged in the following behaviors (check all that apply)?

Attempted Suicide  Injuring Self (cutting, burning, etc.)  Bulimia/Anorexia  Kleptomania

**OTHER INFORMATION**

I have a vehicle. Provide year, make, model and color: \_\_\_\_\_

I have medical insurance. Provide insurer and type (PPO/MHO): \_\_\_\_\_

I have a primary care physician. Provide name and telephone: \_\_\_\_\_

I, the undersigned, submit that the information contained herein is true to the best of my knowledge and accept that false information or omissions of information may cause services with Arbor Park to be terminated.

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Consent to Sex Offender Background Check



## Consent to Sex Offender Background Check

Applicant: \_\_\_\_\_

[print full name]

I, Applicant to the Arbor Park Recovery Residence Program, consent to Arbor Park performing a sex offender background check as a prerequisite to being accepted into Arbor Park Recovery Residence Program.

I understand that refusal to submit to a sex offender background check will result in an immediate denial of my application into Arbor Park's Recovery Residence Program.

I am 18 years or older. I understand the legal consequences of signing this document.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of Texas. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_