

THE BREAKAWAY

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RESIDENT INFORMATION / APPLICATION FORM

NAME _____ DATE OF APPLICATION _____

DATE OF BIRTH _____ AGE _____ SOBRIETY / CLEAN DATE _____

CURRENT ADDRESS _____ COUNTY _____

City State

HOME ADDRESS _____ COUNTY _____

City State

MARITAL STATUS S M D PREVIOUS BA RESIDENT? YES NO WHEN? _____

PHYSICAL DIFFICULTIES? _____ NEED ACCOMODATIONS? _____

HOSPITAL OR INSTITUTIONS? _____ DATES-FROM/TO: _____

DO YOU CONSIDER YOURSELF AN ALCOHOLIC? ___ YES ___ NO ADDICT? ___ YES ___ NO

WHAT IS/WAS YOUR DRUG OF CHOICE? _____

WE DO NOT ACCOMMODATE (MATS) OR THE USE OF NARCOTIC MEDICATIONS

ARE YOU PRESENTLY ON MEDICATION PRESCRIBED BY A PHYSICIAN? ___ YES ___ NO

LIST ANY MEDICATIONS YOU TAKE PRESCRIBED OR NOT PRESCRIBED. INCLUDE VITAMINS, HERBS, ETC. _____

HAVE YOU EVER BEEN DIAGNOSED:

BORDERLINE
DISSOCIATIVE
DEPRESSION

BI-POLARSCHIZOPHRENIC?
MULTIPLE PERSONALITIES
SUICIDE ATTEMPTS? Y ___ N ___

WHEN WERE YOU DIAGNOSED WITH THE ABOVE? _____

DO YOU SEE A THERAPIST/PSYCHAITRIST? ___ YES ___ NO WHO? _____

DO YOU HAVE A CASE MANAGER? ___ YES ___ NO WHO? _____

HAVE YOU BEEN CONVICTED OF A VIOLENT CRIME? _____

(All applicants will be screened through MyCase, County Jail databases and DOC databases)

HAVE YOU BEEN CONVICTED OF ANY SEXUAL CRIMES? _____

(All applicants will be screened through MyCase, County Jail database and DOC databases)

CHILDREN? _____ HOW MANY? _____ DCS INVOLVEMENT? _____

ARE YOU ON PROBATION OR PAROLE? ___ YES ___ NO IF YES, WHERE? _____

ARE YOU CURRENTLY IN JAIL/PRISON/TREATMENT? IF YES, WHERE? _____

WARRANTS? _____ COUNTY(S) _____

(Will not be admitted with active warrants, warrants must be taken care of prior to admission)

LAWYER _____ PHONE _____

PROBATION/PAROLE OFFICER _____ PHONE _____

SIGNATURE _____ PHONE _____ DATE _____