

Resident Evaluation/Application

Today's Date: _____

Desired date to move in to the Endeavor House:

Name: _____

DOB: _____

SSN: _____

Phone #: _____

Email: _____

Current physical

address: _____

_____ Current mailing address (if different from physical):

_____ Do you own or rent: _____ Monthly payment:

_____ How long: _____ What is your

monthly gross income: _____ Are you receiving welfare or other

non-job related income: _____ If yes, please explain:

_____ Marital status: Married Separated Divorced Widowed Partnership

Level of education completed: H.S. College Grad school

Other: _____

Are you a Veteran: _____

Are you pregnant: _____

Do you have a valid driver's license: _____

Do you have a car: _____

Is it registered and insured: _____

Current Treatment Center: _____

Expected discharge date: _____

Who referred you to us: _____

RECOVERY AND SUBSTANCE USE

Do you think you have a problem with alcohol: _____ If yes, please explain

Do you think you have a problem with drugs: _____ If yes, please explain

Primary addiction: _____ Date of last use: _____

List drugs/alcohol you used addictively:

1st _____ Route: _____

Date of last use: _____ Age of 1st use: _____

2nd: _____ Route: _____

Date of last use: _____ Age of 1st use: _____

3rd: _____ Route: _____

Date of last use: _____ Age of 1st use: _____

EMERGENCY CONTACT

Name of person not residing with you: _____

Relationship: _____ Phone: _____

Address: _____

Name of person not residing with you: _____

Relationship: _____ Phone: _____

Address: _____

Name of person not residing with you: _____

Relationship: _____ Phone: _____

Address: _____

OTHER INFORMATION

Please list hobbies and special interests:

What would you say your best characteristics are:

Do you have a medical Doctor: Yes No

If yes, Name: _____ Phone: _____

EMPLOYMENT

Current employer: _____

Address: _____ Phone: _____

Position: _____

Current work schedule: (Show hours)

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

List your last 3 employers:

Company Name: Supervisor: Contact Info: _____

_____ If unemployed what are your plans
for getting a job:

Please list your vocational skills/specialized training or certifications:

LEGAL

Have you been arrested in the past 30 days: Yes No If yes, explain:

Are you currently on probation or parole: Yes No If yes:

Probation Officer: _____ Phone: _____

Are you Mandated: Yes No

Are you experiencing legal problems (i.e. Court dates, warrants, active restraining orders):

Please describe: _____

MEDICAL

So you take any prescription medications: Yes No If yes, Please list:

<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<hr/>	

Do you have any medical conditions or allergies: Yes No If yes, please explain:

When did you attend your last AA or NA meeting: _____

How many meetings have you attended in the last 30 days: _____

Do you already have a sponsor or a Recovery Coach: Yes No If yes, : Name:

_____ Phone: _____ Do you

have any other recognized addictions or disorders (i.e. Eating disorder, cutting): Yes or No

If yes, Please explain:

How long have you been clean/Sober:

What is the longest you have gone substance free: _____

How many previous recovery attempts/relapses have you had:

Are you on any maintenance programs, and if so, which:

Are you interested in being on a maintenance program:

Have you ever lived in a home shared by other people: Yes No

Do you anticipate any problems with this: Yes No If yes, Please explain:

What is your main goal at this time:

Please list anything else you feel is relevant to this application:

I authorize the verification of the information provided on this form:

Signature: _____ Date: _____