

# Joppa Recovery Resident Application

## APPLICANT INFORMATION

Today's Date: \_\_\_\_\_

Desired date to move in to the Joppa Recovery: \_\_\_\_\_

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        Single        Separated        Divorced        Widowed

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:

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What would you say your best characteristics are:

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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:

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If unemployed what are your plans for getting a job:

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Please list your vocational skills/specialized training or certifications:

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<b>LEGAL</b>
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Have you been arrested in the past 30 days: Yes      No      If yes, explain:

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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: \_\_\_\_\_

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## MEDICAL

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

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

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

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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:

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How long have you been clean/Sober:

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What is the longest you have gone substance free: \_\_\_\_\_

How many previous recovery attempts/relapses have you had:

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

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Are you interested in being on a maintenance program:

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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:

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What is your main goal at this time:

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

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

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

## Criminal History

Please list past criminal convictions and the year convicted. Your past convictions will not disqualify you from entry to Joppa Recovery.

[illegible]