



Admission Application

Today's Date: _____

Sobriety Date: _____

Requested Move In: _____

All residents are required to pay 30 days Program Fee plus a one-time \$100 non-refundable entry fee prior to moving in. The current 30 days Program Fee is \$525.00 (fee subject to change without notice). Beds are available on a first come, first serve basis.

1. Print Name (Last, First, Middle)	2. Present Address: Street City State Zip	3. Date of Birth: 3a. Age:
4. Phone #'s-include area codes: Main: Work: Other:	5. Are you an alcoholic?	6. Date of your last drink:
7. Are you addicted to drugs?	8. Date of last drug use:	9. List drug(s) of choice:
10. Date of last AA/NA meeting:	11. Number of AA/NA meetings you attend each week:	12. Do you have a sponsor?
12a. If Yes, please list your sponsor's first name & last initial, plus telephone number:	12b. What step are you currently working on with your sponsor?	13. Do you have a home group? 13a. If Yes, please list name of group, location, & meeting time:



<p>14. Are you currently employed? 14a. If no, expected employment date:</p>	<p>15. Employer Name & Address: 15a. For how long?</p>	<p>16. Pay rate? 16a. Pay frequency?</p>
<p>17. If not currently working, please describe briefly your plans for employment:</p>	<p>18. If you are not capable of working 40 hours a week, please explain:</p>	<p>19. Current Monthly Income: :</p>
<p>20. Do you receive other income, family support, or welfare? Please explain:</p>	<p>21. Marital status (Circle One): Never Married Married Separated Divorced</p>	<p>22. Are You (Circle One): Pretrial On Probation On Parole None of above Other (List below)</p>
<p>23. Charges (explain):</p>	<p>24. Are you under a doctor's care? 24a. If yes, please list the Physician's name, address, & phone number:</p>	<p>25. List any & all medical and/or psychiatric diagnosis/diagnoses:</p>

26. List all medications currently prescribed:		
Medication name	Dosage	Frequency



<p>27. Are you under the care of a behavioral health facility?</p> <p>27a. If yes, please provide name, address, & phone # of facility & contact person:</p> <p>27b. If yes, since (MM/YR):</p> <p>27c. Discharge Date:</p>	<p>28. Have you completed a 28 day inpatient program?</p> <p>28a. If yes, where & when?</p>	<p>29. Do you currently see a therapist/counselor?</p> <p>29a. If yes, please provide name & phone #:</p> <p>29b. If yes, since (MM/YR):</p>
<p>30. Have you lived in a sober living environment before?</p> <p>30a. If yes, when & where?</p>	<p>30b. If yes, did you leave voluntarily, or were you expelled/discharged? Please explain.</p>	<p>31. How did you hear about New Leaf Sober Living?</p> <p>31b. Referred by:</p>
<p>32. Emergency Telephone Numbers: Please list at least 2 (your spouse & 1 family member, 2 family members, etc.):</p>		
<p>Name</p>	<p>Relationship</p>	<p>Telephone</p>