Participant Application

Name	<u> </u>
Email	<u> </u>
Age DOB/Sobriety Date	
House applied for	_
Home/last address	
City, State, Zip	
City/County of residence?	
Cell phone number (
Last treatment/halfway house	
Number of treatment programsIn how	many years
What is the longest time period you have been clean and sober	?
What was the reason for your relapse?	
Current Counselors Name	
Phone Number (
Email	
Sponsor or Mentor Name Phone Nu	mber ()
Drug(s) of choice	
Are you currently on probation/parole/house arrest? Y N	
If yes, Name of officer Phone n	umber ()
Are you currently in any other treatment services? Y N	
If yes, what services are you receiving?	
Name of Service Phone n	umber ()
Current Employer_	

Name of Supervisor_	Phone number ()
Married / Single	Kids Y N How many dependents?
Where do your depe	ndent children live?
Does addiction run ir	n your family? Y N
Who in your family h	as addiction problems?
How many of those f	amily members are in Recovery?
Do any of your family	y members participate in support groups such as Al-Anon/Teen? Y N
What kind of suppor	t system do you have in place?
Would you have a sa	fe housing option if Sober Living did not have a spot open? If so where?
	rmation you feel is necessary for us to know:
Personal References	
Name	
AddressPhone	
Name	
Phone	
	e information given is accurate and true. Also I give consent to contact any are provided to gain information regarding my application.
Signature	
Date/	<i>J</i>
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Email Application – csommerfeldt@apricityservices.com Fax # 920-722-0629. If necessary, to mail application, please send to: Apricity Attn: Sober Living, 1010 Strohmeyer Drive, Neenah WI 54956