

**Participant Application**

Name \_\_\_\_\_

Email \_\_\_\_\_

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 programs \_\_\_\_\_ In 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 Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Drug(s) of choice \_\_\_\_\_

Are you currently on probation/parole/house arrest? Y N

If yes, Name of officer \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you currently in any other treatment services? Y N

If yes, what services are you receiving? \_\_\_\_\_

Name of Service \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current Employer \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Married / Single Kids Y N How many dependents? \_\_\_\_\_

Where do your dependent children live? \_\_\_\_\_

Does addiction run in your family? Y N

Who in your family has addiction problems? \_\_\_\_\_

How many of those family members are in Recovery? \_\_\_\_\_

Do any of your family members participate in support groups such as Al-Anon/Teen? Y N

What kind of support system do you have in place?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you have a safe housing option if Sober Living did not have a spot open? If so where?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other pertinent information you feel is necessary for us to know:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal References**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**\*I understand that the information given is accurate and true. Also I give consent to contact any persons whose names are provided to gain information regarding my application.**

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Application – nstanard@apricityservices.com Fax # 920-722-0629. If necessary, to mail application, please send to: Apricity Attn: Sober Living, 1010 Strohmeyer Drive, Neenah WI 54956