

RESIDENT APPLICATION

Date *

Month Day Year

Proposed Date of Arrival

Month Day Year

Name *

First Name Last Name

Gender *

Date of Birth *

Month Day Year

Address *

Street Address

Street Address Line 2

Phone Number *

Please enter a valid phone number.

Addiction History

Date of Sobriety *

Month Day Year

Drug(s) of Choice *

Have you ever been in the Resurrection Power program *

☐ Yes

☐ No

Brief History *

Relapse Patterns

Self-Identified Recovery Issues

Current Treatment Status *

- ☐ In-Patient
- ☐ Intensive Outpatient
- ☐ Outpatient
- ☐ Halfway House
- ☐ Jail/Prison
- ☐ Self-Referral
- ☐ Other

Name & contact information of treatment center

Counselor's recommendation for aftercare?

Medical History

Allergies *

Current Health Issues *

Current Prescription & Over the Counter Medications (name, amount, frequency) *

Do you have any physical or mental disabilities that prevent you from doing chores, attending meetings or following the expectations of Resurrection Power *

Employment Status

Are you currently employed *

☐ Yes

☐ No

☐ Other

Are you receiving SSI or other benefits *

☐ Yes

☐ No

Work History

Training/Education

Income Source

If you are not employable, please give an explanation here

Legal History

Criminal History (please be honest, as we do a background check) *

☐ I have no criminal history

☐ I am currently on probation

☐ I am currently on parole

☐ I have been charged with a violent crime

- ☐ I have committed or have been charged with arson
- ☐ I have a sex crime conviction
- ☐ I am or will be on ankle monitoring
- ☐ I have been convicted of a felony or have been incarcerated
- ☐ Other

If you have answered yes to any of the above, please state in detail the circumstances of each of the offense(s)

Do you have any pending legal issues, court dates, our outstanding warrants? If yes, please provide details

County / Municipality of Probation / Parole

Probation / Parole Officer Name

First Name

Last Name

Probation / Parole Officer Phone

Please enter a valid phone number.

Relationships

Marital Status *

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Dating
- ☐ Other

Are you currently involved in a romantic relationship or have you ended a relationship in the last year *

List children's names and ages. Do you have custody or receive visitation?

Miscellaneous

Would you bring a vehicle if accepted into our program *

- ☐ Yes
- ☐ No

If you have a vehicle, do you have the following *

- ☐ License
- ☐ Registration
- ☐ Proof of Insurance
- ☐ Not Applicable

Check those that apply *

- ☐ I have a valid drivers license

- ☐ I have state photo identification
- ☐ I have my social security card
- ☐ I am missing important documents

Anything else you would like Resurrection Power to know

Continue