



## Lorraine's House Application for Membership

1. Print Name (Last, First, Middle)			3. Date of Birth		
			Month	Day	Year
2. Present Address (Street) Check if treatment facility <input type="checkbox"/>			4. Phone where you can be reached		
			Home (       )		
City	State	Zip	Work (       )		
5. Are you an Alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Date of your last drink?	9. List drugs you used addictively:		
7. Are you addicted to drugs?		8. Date of last drug use?			
10. When did you attend your first AA or NA meeting?			11. How many AA/NA meeting do you now attend each week?		
12. Do you want to stop drinking alcohol and using addictive drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			13. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "yes" who is your employer?		
14. Are you getting welfare or other non-job related income? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "yes" what?			15. If you do not have a job will you get one? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "yes" what job plans do you have?		
16. What is your monthly income right now? \$ _____			17. What do you expect your monthly income to be next month? \$ _____		
18. Marital Status (Check One) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			19. Do you have a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the doctor's name and phone number:		
20. Have you ever been to a treatment facility for alcoholism and/or drug addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "yes" list the treatment provider, phone number and primary counselor, if any.			21. Do you take prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "yes" list drugs and reason the drug has been prescribed.		

Please complete the other side of this application

22. Date of move in?  Immediately  Other If "other" please list the date you would like to move in, if accepted, and why the date is in the future rather than immediately. Date: \_\_\_\_\_ Reason: \_\_\_\_\_

23. Have you ever lived in a sober living home before?  Yes  No If "yes" provide details and answer question 24.

24. [Answer this question if the answer to question 23 was "yes."] I left the previous sober living home for the following reason: [Check One]

Relapse  Voluntarily  Other Reason(s) \_\_\_\_\_

YES, I DO owe money to the sober living home I left

NO, I DO NOT owe money to the sober living home I left

If "YES" will you agree to repay the money you owe to your former sober living home?  Yes  No

25. Emergency Telephone Numbers. Please list family doctor if you have one + two family members or friends.

	Name	Address	Relationship	Telephone
1				
2				
3				

27. Use this space for additional relevant information:

28. I have read all of the material on this application form. I have answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse.

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

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

**FOR USE BY LORRAINE'S HOUSE OFFICE STAFF ONLY**

ACCEPTED  NOT ACCEPTED REASON: \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_ HOUSE KEYS DISTRIBUTED:  Yes  No

MOVE OUT DATE: \_\_\_\_\_ HOUSE KEYS RETURNED:  Yes  No

OUTSTANDING DEBT TO HOUSE \$ \_\_\_\_\_ DATE REPAYED: \_\_\_\_\_

APPLICANT IS ELIGIBLE FOR FUTURE RE-OCCUPANCY:  Yes  No If "no", why? \_\_\_\_\_