



Do you have or have had any medical conditions that requires doctor's care? Yes\_\_\_ No\_\_\_ If yes list all \_\_\_\_\_

Have you ever been in a recovery program? Yes\_\_\_ No\_\_\_ If yes please list name of program. location And dates Attended \_\_\_\_\_

\_\_\_\_\_

If you have been in a recovery program how long were you there? \_\_\_\_\_

What is your addiction? \_\_\_\_\_

What is your longest length of time being clean? \_\_\_\_\_

If you use tobacco you need to know this program is tobacco free. You will not be allowed to use tobacco at any point.

Have you accepted Jesus as your personal savior? Yes\_\_\_ No\_\_\_ If yes when? \_\_\_\_\_

This program is Christ based and you will be expected to participate in Educational classes building a closer walk with Jesus Christ.

List any skills you have? \_\_\_\_\_

What are your talents: \_\_\_\_\_

Is there anything special you want us to know about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that all the information that I have stated is true to the best of my knowledge. I also understand that a background checks will be done, and I may receive random drug tests and inspections.

\_\_\_\_\_

Resident Name

\_\_\_\_\_

Date