



Pre-Admission Screening Sheet

Name (print) _____ Date of Birth _____

Present Address (street, city, state, zip) _____ check if treatment facility

Phone (home) _____ Phone (work) _____

Are you Alcoholic? Yes No Date of your last drink _____

Are you addicted to drugs? Yes No Date of your last drug use _____

List drugs you have used addictively _____

When did you attend your first AA or NA meeting? _____ How many AA/NA meetings do you attend each week? _____

Do you want to stop drinking alcohol and using addictive drugs? Yes No

Are you employed? Yes No If "yes," who is your employer? _____

Are you receiving welfare or other non-job related income? Yes No If "yes," what?

If you do not have a job, will you get one? Yes No If "yes," what plans do you have? _____

What is your monthly income right now? \$ _____ What is your expected income next month? \$ _____

Marital Status (check one) Married Never Married Separated Divorced

Do you have a doctor? Yes No If "yes," list the doctor's name and phone _____

Have you ever been to a treatment facility for alcoholism and/or drug addiction? Yes No

If "yes," list the treatment provider(s), phone number(s) and primary counselor(s), if any. List ALL occurrences.

Do you currently take prescription drugs? Yes No If "yes," list the medication, dosage, frequency and reason prescribed:

Are you currently on probation/parole/involved in a court case/in the legal system for any reason? Yes No

Please continue to other side of form.



If "yes" to previous question, list reason/pending charges. Also, list all conviction(s), both felony and misdemeanor:

Do you possess a valid Driver's License? Yes No

Date of requested move-in _____ If not immediate, why? _____

Have you ever lived in Fresh Start Sober Living house before? Yes No Another halfway house? Yes No

If "yes" to either question, please list house name and location __

I left the previous house for the following reason: Relapse Voluntarily Other _____

Emergency Telephone Numbers (List family doctor, if you have one, plus two family members or friends)

Name and Address	Relationship	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use the following space for any additional relevant information you wish to provide:

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

Signature Date

**Please return form via fax to (704) 919-0033, via email to freshstartsoberliving@gmail.com, or by mail to:
Fresh Start Sober Living
P.O. Box 35272 - Charlotte, NC 28235-5272
For additional information please contact our office at (704) 919-0033**

Please allow 24 hours for review and response. Please provide respondent's name and phone number below.

Respondent Name _____ **Phone** _____