FreshStart SOBER LIVING
Providing a safe environment for recovery.

Pre-Admission Questionnaire

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 weekly?_____

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? $ _____

Do you possess an ID/Driver's License (#/State)? __YES __NO (Verified / Initials (Counselor/Program Director)_____Initials

Do you possess a Social Security Card? __YES __NO (Verified / Initials (Counselor/Program Director)_____Initials

Do you possess a pair of WORK BOOTS? __YES __NO (Verified / Initials (Counselor/Program Director)_____Initials

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 ALL treatment provider(s), phone number(s) and primary counselor(s), if any. List ALL occurrences.

_____ _____

_____ _____

Do you currently take **prescription medications**? ___Yes ___No If "yes," list the medication, dosage, frequency and reason prescribed:

_____ _____

_____ _____

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Are you currently on **probation/parole/involved in a court case/in the legal system** for any reason? ___Yes ___No

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

_____ _____

_____ _____

_____ _____

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 assistance/additional information please contact our office at: Ph# (704) 264-1005.

Please allow 24 hours for review and response. Please provide respondent's contact info below:

Respondent Name_____ Phone _____