

**This application is for internal uses only**. The questions are designed to assist Eudaimonia Recovery Homes in utilizing our resources to assist you in your recovery through accountability and aiding you in any obstacles you may need to overcome.

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| Print Name (First, Middle, Last) (**Full Legal Name**) | | Date of Birth: |
| Address (Street) **Home address ONLY**  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: State: Zip: | | Information Where YouCan Be Reached  Home: ( )\_\_\_\_\_-\_\_\_\_\_\_\_ Cell: ( )\_\_\_\_\_-\_\_\_\_\_\_  Email: |
| **Emergency Contact:**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: ( ) | **Identification Numbers**  Social Security Number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Drivers License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_  Or  ID Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ | |
| Will you have your own transportation? Yes No | | |
| Do you have insurance? Yes No  Insured Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rel to Pt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer of Insured:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ins Co:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  GRP #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please attach a copy of the front and back of your card** | | Marital status (**Check One)** ***Single* *Married***  Children (**Check One)** ***Yes* *No***  Are you getting SSI, Disability or other non-job related income? **Yes No**  Who will be financial responsible for your program fee? **(Check One) Self Family Support** |
| Are you currently enrolled in a form of higher education? Yes No  **If Yes**:  Name of Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Are you employed? Yes No  **If Yes:**  Name of employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number: |
| Are you a recovering:  *Alcoholic*: Yes No *Drug addict*: Yes No *Sobriety date*: | | List drugs you used addictively: |
| Are you discharging from a substance abuse treatment program, either in-patient or out-patient? Yes No | | |
| **If Yes**:  Facility Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: ( \_\_\_\_ )\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ Ext:\_\_\_\_\_\_  Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Discharge Date: | | **If No**:  Current Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_  Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Move in Date: |
| Are you planning to attend an aftercare program or an intensive outpatient program? Yes No | | |
| **If Yes:**  Name of Aftercare Provider or IOP: | | **If No:**  Do you plan to attend 90 meeting in 90 days? Yes No |
| Are you participating in or about to enter a methadone or other drug replacement program? Yes No | | |
| Do you take prescription drugs? Yes No  **If Yes,** list prescription drug, reason for prescription and prescribing doctor  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. | | Frequency of Doses:  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. |
| Do you have any current court case pending, other than moving violations? Yes No | | Have you ever been convicted of a felony? Yes No |
| **If Yes:**  Violation:  Please circle: Probation, Bond or Pending Court Case  County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ | | **If Yes**, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you ever lived in a sober house before? (i.e. Oxford House) Yes No | | |
| Which home are you interested in moving into? | | |
| How did you hear about Eudaimonia Recovery Homes? | | |

By signing the application below, I authorize Eudaimonia Recovery Homes to utilize the above information to process my request for membership.

**Printed Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please fax the application to 866-204-1246or email to [men@eudaimoniahomes.com](mailto:men@eudaimoniahomes.com) or [women@eudaimoniahomes.com](mailto:women@eudaimoniahomes.com)