



## General Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: M F If female, are you pregnant? Yes No

Residential Status: MD PG Which County? \_\_\_\_\_

Employment Status: \_\_\_\_\_ Proof of Employment Type:

Can produce pay stub copy, SSI letter, letter of employment, etc.? (Please include, if possible, with referral)

\_\_\_\_\_

## Recovery Information

How long have you been in recovery? \_\_\_\_\_

Recovery Date \_\_\_\_\_

Are you just leaving treatment? Yes or No

If yes, what treatment program: \_\_\_\_\_

Date of discharge: \_\_\_\_\_

Reason for Discharge: \_\_\_\_\_

## Housing Request

Have you been ejected from recovery housing in the last 30 days? Yes No If yes, what was the reason?

Have you been ejected from recovery housing within a year? Yes No If yes, what was the reason?

\_\_\_\_\_

Name of previous recovery house \_\_\_\_\_

Have you identified a recovery house? Yes No

If yes, what is the name of recovery house: \_\_\_\_\_

What is weekly rent? \_\_\_\_\_

Address of the house? \_\_\_\_\_ Contact for House: \_\_\_\_\_

## Additional Information

Would you be interested in Peer services: \_\_\_\_\_

\_\_\_\_\_

Do you have any additional needs? \_\_\_\_\_

\_\_\_\_\_