



**NEXT STEP RECOVERY HOUSE FOR WOMEN
Application for Admission**

Today's Date: _____

Name _____ Age: _____
First Middle Last

Have you ever applied to or lived at Next Step Recovery? (check one) Yes ___ No ___
When? _____

Permanent Address:

Street _____
City _____ State _____ Zip Code _____
Home Phone (____) _____ Cell Phone (____) _____
Work Phone (____) _____ E-mail: _____
Social Security # _____ DOB _____ Birthplace _____
Height _____ Weight _____ Hair Color _____ Eye Color _____ Race _____
Distinguishing Marks (tattoos, scars) _____

In case of emergency, notify: _____
Telephone (____) _____ Relationship _____

Family Information

Check one: Married/cohabitating ___ Divorced/separated ___ Single/never married ___

Spouse/Significant other's name _____

Do you have children? (check one) Yes ___ No ___

Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Applicant's Parents:

Father's Name: _____ Deceased Yes No
Address _____
City _____ State _____ Zip Code _____
Telephone: (____) _____ Cell Phone: (____) _____

Family Information (cont'd)

Mother's Name: _____ Deceased Yes No
Address: _____
City _____ State _____ Zip Code _____
Telephone: (____) _____ Cell Phone: (____) _____

Substance Abuse Information

This information is confidential and will not affect your application

Please list **in order of preference** all drugs used; past to present: **This must be complete**

Drug	Age at first use	Amount used at peak	Date of last use

Have you ever lived in a recovery house before? Yes _____ No _____
If yes, Name _____ Where? _____ When? _____
How long? _____ Why did you leave? _____

Have you ever been in a treatment program? Yes _____ No _____
Name _____ Where? _____ When? _____
How long? _____ Did you complete? Yes _____ No _____
If no, why did you leave? _____

Do you consider yourself an alcoholic / addict? Yes _____ No _____
Do you currently have a sponsor? Yes _____ No _____
Are you working or willing to work the 12 steps? Yes _____ No _____
Are you currently attending AA/NA meetings? Yes _____ No _____
If yes, how many per week? _____
Date of last use of drugs or alcohol: _____

Legal Information

Are you currently on probation? Yes _____ No _____
If yes, Probation Officer's name _____
Where: _____ Telephone (____) _____

Are you on intense probation? Yes _____ No _____
What is your current offense? _____

List all Prior/Current Convictions

Offense	Disposition	Date of Disposition

If currently residing outside N.C. or have lived in states other than N.C., a criminal background check(s) for those states must be submitted with this application.

Have you ever committed/been charged with arson? Yes _____ No _____
Have you ever been charged with cruelty to animals? Yes _____ No _____
Have you ever been charged/convicted of a violent crime? Yes _____ No _____
Have you ever committed/been charged with a sexual crime? Yes _____ No _____

Financial Information

Do you have the funds to cover the entrance fee? Yes _____ No _____
Do you have legal identification? Yes _____ No _____
Do you currently have a job? Yes _____ No _____ Full / Part Time (circle one)
Name of company _____ Supervisor's Name _____
Telephone (____) _____ How long have you been employed? _____

Do you have a current valid Driver's License? Yes _____ No _____
If yes, what is the Driver's License # and state issued: _____

Do you have your own vehicle? Yes _____ No _____
If yes, what is the name of your car insurance agency? _____
Policy # _____ Expiration date: _____

If you don't have a vehicle, how do you intend to get to and from work (buses come by our house every hour)?

Outstanding debts (child support, installment loans, IRS, ct.)

Arrangement for payments: _____

Are you court ordered to pay child support? Yes _____ No _____
Amount? _____ Are you behind? Yes _____ No _____

Do you receive any ongoing financial reimbursement for any reason? (Such as, SSI, Disability, Medicaid, Trust Fund, ect.) Yes _____ No _____
If yes, explain:

If for some reason you cannot pay rent per week, who can you call upon to help you?
Name: _____ Phone: _____

Educational Information

High school graduate? _____ GED? _____ Last grade completed: _____
College Graduate? _____ Years completed? _____
Difficulty reading? _____ Educational goals? _____

Medical / Mental Health Information

List any medical/mental issues:

Are you under a doctor's care? Yes _____ No _____

If yes, give name: _____

Telephone: (_____) _____

Do you have dental problems? Yes _____ No _____

Current Dentist: _____ Telephone (_____) _____

History of: Seizures Yes _____ No _____ If yes, Dates: _____

check all TB Yes _____ No _____ If yes, Dates: _____

that apply Diabetes Yes _____ No _____ If yes, Dates: _____

Hepatitis Yes _____ No _____ If yes, Dates: _____

Have you ever been hospitalized in a mental institution? Yes _____ No _____

Reason for hospitalization: _____

_____ voluntary _____ involuntary Outcome: _____

List Hospital(s) and Date(s)

Have you ever been diagnosed with a learning disability? Yes _____ No _____

If yes, which one? _____

Are you being treated for this disability? Yes _____ No _____

Have you ever heard voices? Yes _____ No _____

If yes, Date of last incident? _____

Diagnosis: _____

Have you ever had visual hallucinations? Yes _____ No _____

If yes, Date of last incident? _____

Diagnosis: _____

Are you suicidal? Yes _____ No _____

Have you ever tried to commit suicide? Yes _____ No _____

If yes, Date of last incident? _____

Explain: _____

Have you ever been diagnosed with Bipolar Disorder? Yes _____ No _____

Have you had a TB test in the last year? Yes _____ No _____

Positive or negative: _____

Medical/ Mental Health Information (cont'd)

Are you currently on medications? Yes _____ No _____
If yes, list names and reason for taking (Prescribed and over-the-counter)

Have you ever been tested for HIV? Yes _____ No _____
Date _____ Results _____

Have you ever been a victim of a violent crime? Yes _____ No _____
If yes, please explain:

On a scale of 1 to 10, how serious a problem do you think you have with drugs or alcohol?
(Circle one)

(No problem) 1 2 3 4 5 6 7 8 9 10 (very serious)

On a scale of 1 to 10, how motivated are you to make changes in your life at this time?
(Please be honest)

(Not at all) 1 2 3 4 5 6 7 8 9 10 (very motivated)

Affirmation

I affirm that my answers and information provided by me in this application are true and accurate. I understand that if I am accepted, any misinformation and/or dishonest answer may be grounds for my dismissal.

Signature _____ Date _____

Witness _____ Date _____