

Second Chances Recovery Homes
Initial Resident Application

Prospective Resident

Full Name: _____

Date of Birth: _____

Home Address: (city, state, zip)

Phone number

Cell: _____

Email: _____

Emergency contact/Immediate Family Member

Full name: _____

Phone number: _____

Email: _____

Relationship: _____

Treatment & Medical History

Primary addiction: _____

Date of sobriety: _____

Are you discharging from a substance abuse facility? (Y/N)

Name of facility: _____

Counselor name: _____

Counselor phone number: _____

Counselor email: _____

Discharge date: _____

Are you currently on any medications? (Y/N)

Please list medication name(s), dose(s), and frequencies:

Will you be attending an Intensive Outpatient Program (IOP)? (Y/N)

Program name: _____

Address: _____

Have you lived in a sober living home before? (Y/N)

Financials

Who will be responsible for monthly dues/rent?

Name: _____

Contact number: _____

Relationship: _____

Are you currently employed and plan to remain with your employer while living at SCRH? (Y/N)

Employer/Company name: _____

Location: _____

Contact number: _____

Joining Us

Why do you want to continue your recovery with Second Chances?

Anticipated Second Chances Recovery Home arrival date: _____

How did you hear about Second Chances Recovery Homes?

Name: _____

Date: _____