



Admission Application for Open Door Sober Living Program

Date _____

GENERAL INFORMATION

Print Name _____ (First, Middle, Last)

DOB ____/____/____ Race _____

Current Address _____ City _____

State _____ County _____ Zip _____

City/State of Birth _____

Telephone/Cell Number _____

Do you have a VALID Drivers License ____ Yes / No ____ Vehicle ____ Yes / No ____

Marital Status _____ (single, legally separated, divorced, widowed)

Dependent Children ____ Yes / No ____ Ages _____

Are you court ordered to pay support ____ Yes / No ____ How Much _____

Education _____ (Grade, HS Diploma, GED, Some College, College Degree)

Military Service ____ Yes / No ____ Branch and Years Served _____ Discharge _____

SUBSTANCE ABUSE INFORMATION

Date of last drink or drug _____ Drug of Choice, please list in order of preference: 1. _____ 2. _____ 3. _____

Check ALL that you EVER used: Alcohol ____ Opiates ____ Cocaine/Crack ____ Marijuana _____

Benzos ____ Amphetamines/Meth ____ Hallucinogens ____ Inhalants ____

Others(list) _____

How old were you when you started using drugs or drinking _____

How did it progress _____

Describe the last 48 hours of use

Family History: Parents Alive ____ Yes / No ____ Substance Abuse in Family ____ Yes / No ____

Treatment History 1.(most recent) _____

2. _____

3. _____

Have you ever lived in a sober house, ½ way or ¾ house in the past ____ Yes / No ____

Were you referred to Open Door ____ Yes / No ____ Referred By _____

Do you have a sponsor ____ Yes / No ____ Your Sponsor's Name/Ph# _____

How would you rate your motivation to be a resident (0 = Not Motivated, 10 = Very Motivated)

Circle Your Choice 1 2 3 4 5 6 7 8 9 10



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What do you see the Open Door providing for you _____

What are YOU willing to do to get better _____

EMPLOYMENT/BENEFITS

Are you currently employed ____ Yes / No ____ If so, where _____

Are you currently collecting unemployment ____ Yes / No ____ Disability ____ Yes / No ____

If you are collecting disability, what is your disability _____

What is your current monthly income _____ Do you have a Food Card ____ Yes / No ____

Are you covered by health insurance ____ Yes / No ____ Provider _____

LEGAL HISTORY

When was last drink or drug use _____

Write out your legal history, past and present situation (include jail/prison time and dates, charges, felonies, future court dates, probation or parole etc.) _____

Do you have a restraining or no contact order ____ Yes / No ____

Are you a sex offender or have a pending sex related charge ____ Yes / No ____

Probation Officers Name _____ Phone _____

MEDICAL / PSYCHIATRIC HISTORY

List all current medications _____

List ALL Medical Problems _____

Seizure History ____ Yes / No ____ If YES When _____

List all emotional/psychiatric problems (depression, anxiety, trouble concentrating etc.) _____

I have read the above application and all of my answers and information are true. By signing this application, I give Open Door permission to access my full criminal history and consent to a background check. Misinformation may result in discharge from the program if accepted.

Applicant Signature

Staff Interviewer / Date