

Kingdom Living Recovery Houses Application

First Name _____ MI _____ Last Name _____

Date of birth _____ SSN _____

Current address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

Work # _____ Emergency _____

Have you ever been addicted to alcohol or drugs? Yes No

Date of last drink? _____ last drug? _____

Have you ever been through rehab or treatment? Yes No

When and where? _____

Are you employed? Yes No Where? _____

Employer contact Name _____ Phone _____

Current weekly take home pay \$ _____

Marital status: Single Married Separated Divorced

Emergency contact name _____ Phone _____

Medical Doctor name _____ Phone _____

Do you have insurance? Yes No

Do you take prescription drugs? Yes No

What type of recovery meetings do you attend? AA NA Other: _____

Do you have a home group? Yes No Meeting date & time: _____

Do you have a sponsor? Yes No Sponsor name & phone: _____

Are you on parole/probation? Yes No Officer's name & phone: _____

Have you ever been convicted of a sex crime? Yes No Sex registry? Yes No

Signature of applicant: _____ Date: _____

Signature of houseman: _____ Date: _____

Signature of Liaison: _____ Date: _____

Approval Date: _____ Attested by: _____ Move in date: _____