

Catalpa House Sober Living Guest Information Sheet/Application

Paperwork Date: _____

Guest's Full Legal Name: _____

Nickname: _____

Date of Birth: ____/____/____ Age at Time of Admission: _____

SS#: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Occupation: _____

Employer: _____

Work Phone: (____) _____ - _____

Marital Status: Married _____ Divorced _____ Single _____

Name is spouse/significant other: _____

Phone: (____) _____ - _____ Relationship: _____

Number of Children: _____ Names: _____

Referred By: _____

In Case of Emergency, Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

The Person who is financially responsible for all fees is:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Legal Status:

List all arrests in the past two years:

Pending appointments/Hearings:

List all Medications you brought with you (include all over the counter medications)

Medication	Dose	For how long?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prescribing doctor: _____ Phone: _____

Other medical issues:

If you have had a substance abuse problem: your drug of choice:

List all mind altering substances you have ever used:

List treatment facilities you have attended:

Name of Facility and State	What Year?	Length of stay
<hr/>	<hr/>	<hr/>
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Did you complete these programs? If not, please explain:

Catalpa House
Sober Living

Do you consider alcohol harmful to you? Yes _____ No _____

Do you consider drugs harmful to you? Yes _____ No _____

Do you consider tobacco harmful to you? Yes _____ No _____

Do you consider sugar harmful to you? Yes _____ No _____

Please explain briefly, why you are here:

I, _____ request to be admitted to Catalpa House
Sober Living agreement for the purpose of guest housing.

Guest's Signature

Date

Staff Signature

Date