

# Fountain Recovery Sober Living Environment (SLE) Application

**Preferred Move-in Date** \_\_\_\_\_

1) Name: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Address \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Driver's Licence/ID #: \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

Vehicle: Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Lic# \_\_\_\_\_

## 2) EMPLOYMENT/SOURCE OF INCOME

Current Employer: \_\_\_\_\_ Length of employment \_\_\_\_\_

Salary (Weekly/Monthly): \_\_\_\_\_ Supervisor Name & Ph# \_\_\_\_\_

If not employed, source of income: \_\_\_\_\_ Phone # \_\_\_\_\_

**3) Will someone other than yourself be responsible for your rent? Yes, No, if yes, please enter following information:**

**Note: Guarantor is required to fill out financial paperwork.**

Guarantor (if not client) \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

**4) EMERGENCY CONTACT:** \_\_\_\_\_ Relationship \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Hm \_\_\_\_\_ Cell# \_\_\_\_\_ Wk# \_\_\_\_\_

## 5) MEDICAL INFORMATION:

Sobriety Date \_\_\_\_\_

Last date of use: Alcohol \_\_\_\_\_ Type & amount last used: \_\_\_\_\_

Last date of use: Drug (illegal and, or illicit) \_\_\_\_\_ Type & amount last used: \_\_\_\_\_

DOC (Drug of choice) \_\_\_\_\_

**Are you currently taking Antabuse or any anti-craving medication.? Yes No If yes, list under medications below.**

List of Prescribed or OTC medications you are taking. Use a separate piece a paper if you need more room.

<u>Medication Name</u>	<u>Strength</u>	<u>Reason for Medication</u>	<u>Date 1<sup>st</sup> prescribed. (approx.)</u>
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1. \_\_\_\_\_

Name Prescribing Physician \_\_\_\_\_ Phone# \_\_\_\_\_

2. \_\_\_\_\_

Name Prescribing Physician \_\_\_\_\_ Phone# \_\_\_\_\_

3. \_\_\_\_\_

Name Prescribing Physician \_\_\_\_\_ Phone# \_\_\_\_\_

4. \_\_\_\_\_

Name Prescribing Physician \_\_\_\_\_ Phone# \_\_\_\_\_

**Do you have more than the above listed medications? Yes No If Yes, please list here:**

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## Previous Treatment Facilities (including Sober Living homes , 5150 & 5250)

<u>Name of Facility</u>	<u>Type of Facility</u>	<u>Dates</u>	<u>What was your length of stay</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you Attended AA/NA, if yes, enter the following information:

<u>Meeting Name</u>	<u>Location</u>	<u>Meeting times</u>
_____	_____	_____
_____	_____	_____

## 6) Legal Issues

Have you ever been arrested or are you currently involved in any legal action (arrested, DUI's )  Yes  No if yes, explain.  
Use a separate piece a paper if you need more room.

<u>Date</u>	<u>Charge</u>	<u>Outcome (pending, sentenced, probation, parole, etc)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Probation/Parole Information:

Name of P.O. \_\_\_\_\_ County \_\_\_\_\_ Ph# \_\_\_\_\_

If you need letters confirming you are living in an SLE, please give all pertinent information to the Facility Program Manager.

## 7) Personal References. 1 of the 3 may be a family member

<u>Name</u>	<u>Phone#</u>	<u>Relationship</u>	<u>Yrs. Known</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## Disclaimer of Rights:

By signing below, I certify my answers are true and correct and I hereby authorize Fountain Recovery and it's agents to verify the information. I understand if I am approved to live in the SLE and it is later learned that I falsified any information I will be terminated immediately and all monies paid will be forfeited. I understand that the SLE is monitored by live cameras. I understand that drug and alcohol screens are monitored and that I may be asked to test at anytime.

\_\_\_\_\_  
Applicant/Resident Signature                      Date      Staff Signature                      Date

Note: Cosigners are required to complete a Cosigner's Application and sign the SLE agreement.

<b>Office Use Only</b>	<b>Alcohol &amp; Drug Screen Results</b>
Date: _____ Time: _____	Result: _____ Staff Signature _____