

**EMPOWERMENT HOMES INC.**  
**"TRANSITIONAL LIVING HOMES"**

Application

Name: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Sobriety/Clean Date: \_\_\_\_\_

Current Treatment Facility: \_\_\_\_\_

Counselor's Name & Phone #: \_\_\_\_\_

Requested Move-in Date: \_\_\_\_\_

Desired length of stay: \_\_\_\_\_

Marital Status / # of Children: \_\_\_\_\_

Amount of Income: \_\_\_\_\_

Employer/ Financial Assistance                      Address                      Phone #

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Current Medical Conditions & Medications: \_\_\_\_\_

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**Nearest Relative:** \_\_\_\_\_

**Address &Phone #:** \_\_\_\_\_

**In Case of Emergency Contact?** \_\_\_\_\_

**Phone # and Address:** \_\_\_\_\_

\_\_\_\_\_

**Education: Highest grade completed:** \_\_\_\_\_

**College:** \_\_\_\_\_

**Have you ever been convicted of a crime?** \_\_\_\_\_

**If yes, for what?** \_\_\_\_\_

**Probation Status and Officer:** \_\_\_\_\_

\_\_\_\_\_ **Phone #** \_\_\_\_\_

**Sponsor's name and phone #:** \_\_\_\_\_

\_\_\_\_\_

**Name of your 12-step home group:** \_\_\_\_\_

**What was your drug of choice?** \_\_\_\_\_