

EMPOWERMENT Homes Inc.
“Transitional Living Homes”

APPLICATION

Name: _____

Phone #: _____

Driver’s License #: _____

Social Security #: _____

Birth Date: _____

Sobriety/Clean Date: _____

What was your drug of choice? _____

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 #

Current Medical Conditions & Medications: _____

Nearest Relative: _____

Address & Phone #: _____

In Case of Emergency Contact? _____

Phone # and Address: _____

Education: Highest grade completed: _____

Where?: _____

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: _____