

Aspired Inc. Sober Home Guest Application

PO Box 93, West Bend, WI 53095; (262)346-8471 Phone (262)346-8226 FAX

Date of application ____/____/____ Ideal Move in Date: ____/____/____

Full name of Applicant _____ Date of birth ____/____/____

Other names you have gone by (maiden, alias) _____

Current Address _____ (or Homeless)

Current phone # _____ Do you have a driver's license: Yes No

Driver's license # _____ State: _____.

E-mail address _____

Marital Status (circle one) Single Married Divorced In process of divorce Separated Widower

Current legal issues pending (hearings, trials, unresolved charges, etc.) _____

Probation officer _____ Contact Info _____

Your "drug of choice" _____

Other drugs of use: _____

Emergency contact _____ Contact Info _____

Relationship to you _____

Most recent treatment program experience: Completed (or) Did not complete program (circle one) program

@ _____ Length of participation _____

Current prescription medications: _____

Current non-prescription medications _____

Date of last use of illicit drugs (if applicable): ____/____/____ Drug used: _____

Date of last use of alcohol (if applicable): ____/____/____

Will you sign a release for medical history and information? Yes No Release signed (check here)

Have you ever been diagnosed with any of the following conditions?

Allergies-meds taken: _____

Depression or anxiety-meds taken: _____

****Failure to accurately and completely fill out this application and omission of information will result in your application being denied.****

Eating disorder—treatment received: _____

Hepatitis A, Hepatitis B, Hepatitis C—treatment received: _____ Sleep

Disorder/Sleep Apnea

ADD, ADHD, PTSD-meds taken _____ Chronic pain-meds

taken: _____

HIV or AIDS—treatment received: _____

Are you currently employed? Yes No If yes, where? _____

List your employment experiences _____

Do you have a high school diploma? HSED/GED, college or other degree? List here: _____

List (3) things that you would like to accomplish while you live here:

1)

2)

3)

“Plan B” MUST PROVIDE THIS INFORMATION

If you are asked to leave the sober house due to misconduct, what is “Plan B”? Do you have a safe place where you can go if asked to leave?

Where:

Contact information:

Relationship to you:

Term of stay at this sober house doesn't have a minimum or maximum, however we typically encourage a three month stay. You will be expected to work a job, AND/OR attend school when you are steady in your recovery. You must attend at least (3) 12 step programs per week, meet with your sponsor regularly to work the steps of a 12 step program, perform regular community service, participate in house chores and meetings, and maintain a respectful attitude towards other residents and staff/volunteers.

Who referred you? _____

***I consent to a background check and for Aspired Staff to investigate and verify the information I provided on this application. I understand that deposits paid by me or on my behalf are nonrefundable.**

Signature

Date

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