



Courageous Changes Recovery Homes, LLC

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| Print Legal Name (Last, First) | | Date of Birth: | |
| Address: _____ City: _____ State: _____ Zip: _____ | | Where You Can Be Reached? Home: () Cell: () Email: _____ | |
| Emergency Contact: Name: _____ Relation: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: () | | Drivers License Number: _____ State: _____ Or ID Card Number: _____ State: _____ | |
| Will you have your own transportation? Yes No | | Do You Have and Allergies? | |
| Do you take prescription drugs? Yes No Prescription Drug(s) Reason for prescription. 1. _____ 1. _____ 2. _____ 2. _____ 3. _____ 3. _____ 4. _____ 4. _____ | | Frequency of Doses: 1. _____ 2. _____ 3. _____ 4. _____ | |
| Are you married? Do you have children? What concerns do you have about family? | | Name of employer: _____ Contact Number: _____ Are there concerns with employment? | |
| What is your primary drug(s) of choice? Sobriety date: Please list: | | Which have you used addictively? | |
| Are you discharging from a substance abuse treatment program, either in-patient or out-patient? | | | |
| Name of Facility: _____ Counselor: _____ Phone Number: () Ext: | | Discharge Date: CCRH strongly advises a door-to-door transition. Will this be a problem? Expected Move in Date: | |
| Name of Aftercare Provider or IOP: | | Are you open to seeing a therapist and attending aftercare meetings? | |
| Are you participating in or about to enter a methadone or other drug replacement program? Yes No | | | |
| Do you have any current court case pending, other than moving violations? | | Have you ever been convicted of a felony or violent crime? | |
| Violation: Please circle: Probation, Bond or Pending Court Case County: _____ City: _____ State: _____ | | Have you ever been charged, convicted or have stipulations due to being involved a child abuse situation? | |

The above Information is only used to assist Courageous Changes Recovery Homes, LLC in appropriately screening prospective applicants and to maintaining an effective continuum of care.

Please e-mail application to courageouschanges@gmail.com or Fax to (210) 267-5630 (Please call before sending any information to ensure confidentiality) By either of these actions, you are accepting that Courageous Changers Recovery Homes will use this information as part of the admission process. Thank you for allowing us to support your journey!!!!

Potential Resident Signature

Date

Courageous Changes will require the following documents upon acceptance:
Consent to talk to your Counselor
Discharge Recommendations
Recent TB Test