



## Resurrection Power Application for Residency

**Today's Date:**

**Proposed Date of Arrival:**

**Name:**

**Gender:**      **Age:**

**Last Address:**

**City:**              **State:**              **Zip Code:**

**Phone:**

**Addiction History:**

Date of Sobriety

Drug of Choice

Brief History

Relapse Patterns

Self-Identified Recovery Issues

Current Treatment Status: [In-Patient, Intensive Outpatient, Outpatient, Other]

Name and contact information of treatment center:

What is your counselor's recommendation for after care?



**Other Medical History:**

Drug Allergies

Other Allergies

Current Health Issues

Current Prescription Medications (Name, amount, frequency)

**Employment Status:**

Work History

Present Occupation

Training/Education

Employment Goals

Income Source

**ADDITIONAL COMMENTS**

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