

PHOENIX RISING SOBER HOUSE



ADMISSION APPLICATION

Name: _____ - Date: ____/____/____

D.O.B.: ____/____/____ Soc. Sec.: ____/____/____

Phone: _____

Are you Court Stipulated? Yes No

Do you have any Open Charges? Yes No

If yes, Nature of Charges:

Parole: Yes NO

Probation: Yes No

Parole/Probation Officer Phone Number:

Voluntary CORI: Yes

Legal History: Have you ever been convicted of a crime? Yes No

If Yes, explain:

1). Have you ever been in any Substance Abuse Program before? Yes No

If yes, what was the last one you were in?

When? _____

Length of stay: _____

2). Primary Drug of Choice:

3). Length of Sobriety:

4). Have you ever been diagnosed with any Mental Illness? Yes No

If yes, when /what was the diagnosis? _____

4a). Have you ever experienced suicidal thoughts or attempted suicide? Yes No

If yes, explain:

5). Are you currently taking any medication? Yes No

If yes, Medication/ Dosage:

6). In case of emergency contact:

Full Name: _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Application Requirements:

- \$150.00 Non-refundable administration fee, A complete signed and dated application.
- \$500.00 Monthly program fee
- Incarceration history, CORI and disciplinary records made available
- Photo identification (Prison ID acceptable If necessary)
- Psych-social from last program or prison/jail

Grounds For Dismissal (you can and will be ask to leave) :

- Positive drug/alcohol test
- Refusal to comply with the rules and regulations as set forth
- Unknown absences
- Failure to provide two weeks notice of intent to move
- Behavior that disrupts a harmonious house
- Violation of parole and probation

There is a non-refundable program fee or of any kind for violation of the rules above.

Application Completed by: (print) _____
(Legal Name)

Application Signature: _____

Date: ____ / ____ / ____