



Happy Destiny House
Association

Resident Application

Name (First) _____ (M) _____ (Last) _____

Address _____

City _____ State _____ Zip _____

Is your plan to return to this address following completion of your stay here? Y N

Home Phone _____ Cell Phone _____

Social Sec # _____ Email Address _____

Age _____ Date of Birth _____ Marital Status S M D W P

Children Y N Names/ages _____

Spouses/Partner Name _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Are you willing to attend 12 step meetings 5 days a week? Y N

Are you willing to get a sponsor? Y N

Emergency Contact Information

Contact Name: _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Legal Information

Are you legally mandated to us? Y N

Explain Current Legal Charges _____

On Probation: Y N On Parole: Y N Outstanding Warrants: Y N

Have you ever been convicted of any violent or sexual crimes? Y N

Supervision Officer Name _____

Title _____ City _____

State _____ Phone _____ Fax _____

Do you want us to report your progress to your probation officer? Y N



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Demographic Information

Sex M F T

Race

- Caucasian
- African American
- Native America
- Asian-Pacific Islander
- Hispanic
- Other _____

Education (Check Highest Grade Completed)

- Less than HS
- HS/GED
- Some College
- 2 Year Degree
- 4 Year Degree
- Masters or PhD

Professional License (MD, DVM, etc.) _____

Profession/Employment _____

Household Income (Check One)

- Less than \$10,000
- \$10,000 – 25,000
- \$25,000 – 50,000
- \$50,000 – 75,000
- Over \$75,000

Religious Preference

- Protestant/Christian
- Catholic
- Jewish
- Other _____
- None

Military Service Y N Branch _____ Type of Discharge _____

Previous Diagnosis (Check all that Apply)

- Substance Abuse
- Eating Disorder
- Mood/Personality Disorder – Type _____

Addiction History

Current recovery date _____

Drug of Choice (Check all that apply and list specific form of substance)

- Alcohol Type _____
- Amphetamines Type _____
- Benzoids Type _____
- Cocaine Type _____
- Hallucinogen Type _____
- Marijuana Type _____
- Opiates Type _____
- Other Type _____

Have you ever relapsed? Y N No. of times _____ Age you began using? _____

Referral Information

Have you been in treatment? Y N How many times have you been to treatment _____

Last Treatment Center Name _____

Case Manager's Name _____ Has a release of information been signed Y N

Who referred you to us? _____

Please answer the following questions below.

1. Who suggested that you come here (*chose one option that best applies*)?

- Family/Friend
- Employer/Coworker
- Treatment or human services professional
- Representative of the courts/judicial system
- No one
- Other: _____

2. How long have you been drug and alcohol free?

- Less than a month → How many days? ____ ____
- One to three months
- Four to six months
- Seven months to a year
- More than one year

3. In the past 30 days, where have you been living most of the time (*chose one option that best applies*)?

- My own home/apartment
- Someone else's home/apartment
- In a medical, treatment, or other residential recovery setting
- In jail, prison, or another correctional setting
- In a shelter or another temporary housing facility
- Outdoors or on the streets
- Other: _____

4. Are you currently enrolled in school or a job training program?

- Not enrolled
- Enrolled full-time
- Enrolled part-time
- Other: _____

5. Are you currently employed (*chose one option that best applies*)?

- Employed full-time (35+ hours per week)
- Employed part-time
- Unemployed and looking for work
- Unemployed and not looking for work (e.g., retired, disabled, enrolled in school, etc)
- Other: _____

6. In the past 30 days, did you attend any self-help or recovery support groups?

- Yes → *If yes, what type* _____ *how many?* ____ ____
- No

7. How would you rate your quality of life?

- Very poor
- Poor
- Neither poor nor good
- Good
- Very good

8. What would you like to accomplish during your stay here?

9. What are your top 3 goals and why did you pick these?

9. What potential challenges do you see in improving your recovery?

10. What else would be helpful for us to know about you to best serve you?
