

LOTUS RECOVERY HOUSE - RESIDENT APPLICATION FORM

MALE: FEMALE:

Application Date:

Last Name:

First Name:

DOB:

Current Residential Address:

City:

State:

Zip Code:

Telephone number to be reached at:

How long have you been sober from alcohol and/or other drugs?

Drug of Choice (all that apply):

Are you currently receiving substance abuse treatment? YES NO

Are you currently on Medication Assisted treatment? YES NO

Do you have children under the age of 18 that currently live with you? YES NO

Are you a registered sex offender? YES NO

Have you ever been charged with a sex offense? YES NO

Have you ever lived in a Recovery House? YES NO

Are you employed? YES NO

Do you have the ability to pay rent? (\$75 per week) YES NO

Please describe your current living situation:

Why do you like to access Lotus Recovery House?

Applicant Signature:

To Be Completed By Staff:
Date Application Was Received:
Date Intake Scheduled For:
Comments:
Staff Signature: