



Covered Bridge Therapeutic Communities, Inc. Application for Residency

Please review the Resident Handbook before completing this application.

PLEASE USE INK

LAST NAME: _____ **FIRST NAME:** _____

CITY and State last lived in: _____ **STATE:** _____

BIRTHDATE: ___ / ___ / _____ **SS#** ___ - ___ - _____

LEGAL INFORMATION

Have you ever ***been arrested*** for any SEX or ARSON crimes? YES _____ NO _____

If yes explain in full _____

Do you have any PENDING legal cases? YES _____ NO _____

If yes, explain: _____

Do you have ANY present "No Contact" orders from the court or DOC? YES _____ NO _____

Name(s) of person(s) _____

MEDICAL/HEALTH HISTORY

Have you been to a rehabilitation center before? YES _____ NO _____

Location

Date (month/yr)

Do you have any physical problems? YES _____ NO _____ List and describe below



Have you been treated or are you being treated for mental illness or emotional problems?

YES _____ NO _____ If so, please explain

List any psychotropic medications that you are currently taking for mental health (anxiety, mood, depression, ADHD...)

Name of medication	Reason
_____	_____
_____	_____
_____	_____

Have you taken medication for opiate dependency? YES _____ NO _____

If so, what type _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed _____

Spouse's Name: _____

List all relationships that you have at present (girlfriends, fiancé, etc.)

Name	Age
_____	_____
_____	_____
_____	_____

ALCOHOL AND DRUG HISTORY

Do you have a history of alcoholism or drug abuse?

List all *illegal drugs* you have used and the approximate age that you used.

DRUG name	AGE used	DRUG name	AGE used
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



OVER-THE COUNTER DRUG (ABUSED)

AGE used

What is your drug of choice? _____

When did you last use alcohol? _____

When did you last use drugs & what? _____

What problems were caused by your alcohol and drug abuse?

How long would you say you've had a problem with drugs and/or alcohol? _____

Have you had success staying clean/sober? How long? _____ When? _____

What is your problem?

What have you done about it?

In what ways do you believe we can we help you?

What, if anything, do you fear?

As you see yourself, what kind of person are you? Describe yourself:

PERSONAL REFERENCE or CONTACT LIST

Pastor/Chaplain: _____



Address: _____

Phone: _____

Employer: _____

Address: _____

Phone: _____

Other than a relative: _____

Address: _____

Phone: _____

By signing below I give my permission for Covered Bridge to speak with my caseworker. Probation officer and references listed in this application. I also acknowledge I have read the Covered bridge Resident Handbook.

YOUR SIGNATURE: _____ DATE: _____

Please scan and email as an attachment to: dpiers@covered-bridge.org

