



Square One DE, Inc.
Our Vision - Your Future

Application & Residential Entry Form

Requested Move In Date:

MN	DAY	YR
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Name:

LAST	FIRST	MI
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Date of Birth:

MN	DAY	YR
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SSN:

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Current Phone # or Best Contact #:

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Current Address:

STREET/APT		
CITY	STATE	ZIP CODE

Marital Status: Single Married Widowed Divorced Engaged Relationship

Do you have a valid Driver's License? Yes No **Driver's License #** _____

How did you find out about Square One DE, Inc.?

- Family/Friend
- Employer/Coworker
- Treatment or human services professional
- On-line
- Courts/Judicial System

Other: _____

Are you an Alcoholic? Yes No Type of Alcohol usage: Daily Binge Social

How long have you been alcohol free?

- Less than a month. *How many days? _____*
- One to three months.
- Four to six months.
- Seven months to a year.
- More than a year.

Date of last drink:

MN	DAY	YR
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Are you a Drug Addict? Yes No

How long have you been drug free?

- Less than a month. *How many days? _____*
- One to three months.
- Four to six months.
- Seven months to a year.
- More than a year.

Date of last usage:

MN	DAY	YR
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List any drugs that you have used addictively?

When was your last Support Group Meeting?

MN	DAY	YR
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How many Support Group Meetings do you now attend each week? 0 1 2 3 4 5 6 7 _____

Where have you been attending Support Group Meetings? _____

Have you ever been convicted of a Violent Crime or Sex Offense? Yes No

Are you currently on Probation or Parole? Yes No

If "yes," what are the charges? _____

Who is your reporting supervisor and location? _____

In the past 30 days, where have you been living most of the time?

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

Are you currently employed? Yes No

If "Yes" who is your employer? _____

Full-time (35+ hours per week). Part-time. Monthly Income: \$ _____

Are you receiving any other non-job related income? Yes No

If "Yes" from where? _____ Monthly Amount: \$ _____

If you are unemployed, please explain where and when you plan on becoming employed? _____

Do you need assistance in Job Searching? Yes No

Please list any Job Skills that may be helpful in the Job Search process:

Current Education Level

- High School Diploma.
- GED.
- Vocational.
- College. How many years? _____
- Other _____

Have you ever been in a treatment facility for drug or alcohol addiction? Yes No

If "Yes" please list where and when: _____

Are you currently under the care of a medical professional? Yes No

If "Yes" what is the treatment for? Physical Mental Health Other _____

Please briefly explain: _____

Location of Treatment: _____

Please list any Medications and the dosages you are currently prescribed:

	MG		MG		MG

Square One DE Inc.

cannot accept applicants on METHADONE or SUBOXONE maintenance programs.

Have you ever lived in a Recovery House before? Yes No

If "Yes," where?	Dates:

Reason for leaving?: Voluntarily Relapse Failure to Follow Rules VOP Other _____

BY SIGNING THIS APPLICATION, you have honestly answered the above questions to the best of your knowledge. You understand the stipulations, guidelines, and provisions as stated in the Operational Rules and Procedures and agree to abide by them. You also agree to submit to a necessary probationary period. In the event that you are approved for entry into a Square One house and you violate your terms of probation, you herein agree to leave Square One properties without drama or resistance.

I have read all the material on this application form including the Operational Rules and Procedures set forth. I have also answered each question honestly and want to achieve recovery from alcoholism and/or drug addiction without relapse.

SIGNED: _____ Dated: ____/____/____