



Resident Application
Please complete and fax to (207)772-7594

Legal Name _____ Email _____

Date of Birth _____ Phone _____

Current Address _____

City _____ State _____ Zip _____

Date of Last Use _____ Drug of Choice _____

How do you intend on affording sober living? _____

Do you have any legal Issues? Y / N

Explain: _____

Are you required to register as a sex offender? Y / N

Do you have any current medical conditions? Y / N

Explain: _____

List all current medications (prescription & over the counter) _____

Are you currently in treatment? Y / N Expected discharge date _____

Where? _____

Have you been in treatment in the past? Y / N

Where? _____

Emergency contact name _____ Relation _____

Phone _____ Address _____

Explain why Sober living is necessary for your recovery: