RESIDENT APPLICATION

Confidential admissions form

IMPORTANT: Submission does not guarantee admission. Ellis Sober House is a sober living residence and does not provide formal substance use disorder treatment services.

1. Applicant Information

Full legal name: _____

Preferred name: _____

Date of birth: _____

Phone: _____

Email: _____

Current address: _____

Emergency contact name: _____

Emergency contact phone: _____

Relationship: _____

2. Referral and Recovery Information

Referral source / organization: _____

Referral contact and phone: _____

Current treatment provider (if any): _____

Primary counselor / case manager: _____

Sponsor name and phone: _____

Sobriety date: _____

Last treatment program and discharge date: _____

☐ I am coming directly from a treatment facility.
☐ I have at least 30 consecutive days of sobriety.
☐ I am willing to attend required recovery meetings and actively work a recovery program.
☐ I understand that Ellis Sober House is alcohol- and drug-free.

3. Medical and Medication Information

Health insurance provider: _____

Primary physician: _____

Allergies / urgent medical concerns:

_____

_____

Current prescribed medications, dose, and prescriber:

_____

_____

_____

_____

☐ I currently receive medication for opioid use disorder (MOUD/MAT).
☐ I understand medications must be documented and stored according to house policy.

4. Employment, Education, and Transportation

☐ Employed
☐ Enrolled in school or training
☐ Volunteering
☐ Actively seeking employment

Employer / school / program: _____

Typical weekly schedule: _____

Transportation plan: _____

Driver's license state and number: _____

Vehicle make/model/license plate: _____

5. Legal and Safety Screening

☐ I am currently on probation or parole.
Officer name and contact information: _____

☐ I have a history of sex offenses, violent offenses, or arson-related charges or convictions.
If yes, explain: _____

_____

_____

☐ I have pending criminal charges or court dates.

If yes, explain: _____

_____

_____

6. Financial Information

☐ I understand the entry fee and first week's program fee are due upon admission.

☐ I understand weekly program fees are due each Friday.

Person responsible for payment: _____

Anticipated payment method: _____

7. Applicant Statement

I certify that the information in this application is accurate to the best of my knowledge. I authorize Ellis Sober House to verify information relevant to admission, subject to any required written authorization. Material omissions or false statements may affect admission or continued residency.

Applicant signature: _____ Date: _____

Staff receiving application: _____ Date: _____