

Skelley House Resident Application

Name: _____
Last First Middle Initial

DOB: _____ Age: _____ Marital Status: _____

Ethnicity: _____ #of children: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information

Name: _____

Phone Number: _____ Relation: _____

Drug History List drug (including alcohol) and frequency of use. Also provide age started and last use.

Drug Used	Frequency	Age Started	Last Used

Employment History

<u>Employer name</u>	<u>Phone</u>	<u>Date started</u>	<u>Date ended</u>	<u>Job title</u>	<u>Supervisor</u>	<u>Wage earned</u>

Education History

Highest Grade Completed: _____

List schools attended:

	<u>Name</u>	<u>Location (city)</u>	<u>Date started</u>	<u>Date ended</u>	<u>Degree earned</u>
High School					
University					
Vocational/Tech					

Would you be interested in continuing your education? Yes No

Medication

List any prescribed medication you are currently taking:

<u>Drug Name</u>	<u>Prescribing Doctor</u>	<u>Date started</u>	<u>Date Ending</u>	<u>Number of refills</u>

Why are you here? What do you hope to accomplish at Skelley House?

What are you willing to do to make your goals reality? What do you think it's going to take to make them happen?