Admission	etatue:
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## **Southwood Sober Living Application Form**

1305 Green Forest Austin, Texas 78745

## **Background Check Information - CONFIDENTIAL**

Full name:		Nickname or alias:	
Phone:	Email:	Marital Status:	
Date of Birth:	DL#/Expiration date/State of Issue:		
Current Address:		Is this a treatment facility: Y / N	
Previous Address:			
Current Legal Concerns:			
Doct local history (in alvda any miadamagna	r offenses)		
	r offenses):		
	on provided on this form as to my criminal backgr		
Name	Signature	Date	

NOTE: A CRIMINAL BACKGROUND OR FELONY IS NOT GROUNDS FOR DENIAL OF APPLICATION TO SOUTHWOOD SOBER LIVING UNLESS CRIMES ARE OF VIOLENT AND/OR SEXUAL NATURE.

## New Member Application, continued

Name of the last treatment facility:	Sobriety Date:		
Are you currently in an IOP or aftercare program? Y / N	Name/Phone number:		
Do you currently have a therapist/counselor? Y / N	Name/Phone number:		
Drugs of no choice:			
What are your short and long term recovery goals?			
Emergency Contact Name:	Phone Number:		
Email:	Consent to contact: Yes / No		
Current Medications and reasons for taking:			
Prescribing physician:			
Current medical conditions:			
	per:		
Current Employer:	Position:		
Date of employment:	Phone Number:		
Address:			
Highest level of completed education:	Date graduated:		
Requested move in date:			
How did you hear about Southwood Sober Living?			

## New Member Application, continued

<b>Statement of Intent</b>			
I,refund policy.	, am committing to	days in the sober living. Sout	hwood Sober Living abides by a no
Financial Responsibility			
Name:		Relationshi	p :
Phone:	Email:		
Address:			
Consent to contact re: payment: Ye	es / No		
Acknowledgment and Com	<u>nitment</u>		
be made by check, cashiers check,	or Venmo. Upon application approva y house rules/expectations are not met ent of intent, above).	l, Southwood Sober Living will ho	old your membership for up to 10
MONTHLY MEMBERSHIP DUE The first month fees are due upon on with Southwood Sober Living and	enrollment to Southwood Sober Livin	g. Fees are due by the 3rd of each	month to remain in good standing
	ng inaccurate or incomplete informati pplicant represents that the statements		
Decident Circuture	Position Process	Name	Dete
Resident Signature	Resident Printed	Name	Date
Staff Signature	Staff Printed Nan	ne	Date