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APPLICATION ADDENDUM FOR INTERNATIONAL APPLICANTS

Name (Applicant I): _____

Name (Applicant II): _____

Please list your full legal name as it is shown on your passport/driver's license

Applicant I

Applicant II

Citizenship:		
Passport Number:		
Passport Issue date/Expiration date:		
Religion (if any):		
Have you lived in any other state since the age of 18?		
If so, where and when?		

1. Does either applicant have any significant health issues or previous surgical procedures?* Yes No
**If yes, please explain. Answering yes does not automatically disqualify you from our program(s).*

2. If either applicant currently takes regular medication, please list the name of the medication and the medical condition you are treating, or the purpose of the medication. Please list these for each applicant (you may attach a separate sheet, if necessary):

3. Has either applicant ever consulted a counselor, psychologist or psychiatrist? Yes No
If yes, please list the name of the therapist, approximate dates, and the reason for seeking treatment:

4. Has either applicant ever been reported for child abuse? Yes No

5. Has either applicant ever been reported for domestic violence? Yes No

6. Has either applicant ever received formal treatment for substance abuse? Yes No

