

Heritage House Resident APPLICATION

Name _____ Age _____ Date of Birth _____

Permanent address _____

Phone _____

Mother's name _____ Father's name _____

Mother's phone _____ Father's phone _____

In case of Emergency notify _____ Relationship _____

Phone _____ City _____ State _____

SS# _____ Referred by _____

CURRENT ATTENDING CHURCH MEMBERSHIP

Name of the church _____

Pastor's Name/Number _____

HEALTH

What is the condition of your health? _____

Any serious defect or disease? _____

Are you subject to seizures of any kind? _____

Name of physician and date of last medical exam? _____

Are you presently taking any medication? _____ If so, what? _____

MARITAL STATUS

I am _____. If *married*, Spouse Name _____

Is she fully in favor of you coming here? _____

Number of children _____ Ages _____

If separated, give location of former companion: _____

What is your Goal at Heritage House?

PERSONAL RECORD OF CONDUCT

Have you ever used prescription drugs for other than medical purposes? _____

Have you ever used street drugs? _____ How long? _____

ARREST RECORD

Number of arrests _____ Number of Felonies _____ When? _____

Any Sexual Criminal History? _____

Pending cases or outstanding charges? _____

Name of Judge/Probation Officer _____

INSTITUTION HISTORY

*Name of institution _____ Entry date _____

Reason for entering _____ Exit date _____

*Name of institution _____ Entry date _____

Reason for entering _____ Exit date _____

*Name of institution _____ Entry date _____

Reason for entering _____ Exit date _____

TREATMENT CENTER HISTORY

*Name of institution _____ Entry date _____

Reason for entering _____ Exit date _____

*Name of institution _____ Entry date _____

Reason for entering _____ Exit date _____

*Name of institution _____ Entry date _____

Reason for entering _____ Exit date _____

Signature _____ Date _____