



New Client Application

Name: _____ Date: _____

Current Address: _____

Phone: _____ Email: _____

DOB: _____ Sex: _____ Marital Status: _____

Occupation: _____ SSN (Last 4): _____

Religion/Spiritual Status: _____

Drug(s) of Choice: _____

Legal Status (Probation, Parole, Deferred Adjudication, Bond): _____

How many days/months/years do you have in continuous sobriety? _____

Do you have any family or a support system? (List them all) _____

How did you hear about us? _____

Have you ever been convicted of a crime? _____

Are any of your convictions involving Children, Arson, or a Sex Offense? _____

Disclaimer: We will conduct a Criminal Background Check and a Sex Offender Database Search. If you are not honest with your answers to the questions above, your application will be forfeited. Please note, convictions related to drugs, alcohol, assault, theft, or anything other than a case involving children, arson, or a sex offense will **NOT** automatically disqualify you from admittance into the house. All criminal offenses will be handled on a case-by-case basis.

Emergency Contact Information

Name: _____ Relation: _____

Home #: _____ Cell #: _____

Email Address: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Other: _____

1. Why are you seeking a sober living house at this time?

2. How do you believe Just Right Recovery Housing can help you?

3. What are your 3 top priorities that you expect to gain from your sober living experience?

4. How long do you plan to live in the house?

Circle a number for each section based on your current emotional status.

Circle 1 if it does not apply.

Mental Health Check-In	Not at all	Somewhat	Very Much	Absolutely
I struggle with Depression.	1 2	3 4 5	6 7 8	9 10
I struggle with Anxiety.	1 2	3 4 5	6 7 8	9 10
I struggle with PTSD.	1 2	3 4 5	6 7 8	9 10
I struggle with ADHD.	1 2	3 4 5	6 7 8	9 10
I struggle with OCD.	1 2	3 4 5	6 7 8	9 10
I struggle with Bi-Polar.	1 2	3 4 5	6 7 8	9 10
I struggle with Schizophrenia.	1 2	3 4 5	6 7 8	9 10
I struggle with an eating disorder.	1 2	3 4 5	6 7 8	9 10

Circle a number for each section based on your current recovery status.

Circle 1 if it does not apply.

Desire for Change	Not at all	Somewhat	Very Much	Absolutely
I want to live a better life.	1 2	3 4 5	6 7 8	9 10
I want to learn how to thrive.	1 2	3 4 5	6 7 8	9 10
I want to get sober indefinitely.	1 2	3 4 5	6 7 8	9 10
I want to live here.	1 2	3 4 5	6 7 8	9 10
I want better relationships.	1 2	3 4 5	6 7 8	9 10
I want to know God.	1 2	3 4 5	6 7 8	9 10
I want a solid community.	1 2	3 4 5	6 7 8	9 10
I want to be more like Christ.	1 2	3 4 5	6 7 8	9 10

MH Score Total: _____

DC Score Total: _____

For the following questions, please circle Yes or No.

Are you currently working a 12-Step program? Yes No

Do you have a Sponsor? Yes No

Are you currently seeing a Therapist/Counselor? Yes No

Do you want to see a Therapist/Counselor? Yes No

Are you currently involved in a church or religious group? Yes No

Are you interested in working with a Life Coach? Yes No

Are you interested in working with a Recovery Coach? Yes No

Are you currently employed? Yes No

Are you currently enrolled in college/trade school? Yes No

Do you have a vehicle or other means of transportation? Yes No

Are you currently receiving SSI (Supplemental Security Income)? Yes No

Are you currently on food stamps? Yes No

Do you have any other forms of income? Yes No

If yes, what other forms of income do you have? _____

Applicant Signature: _____ Date: _____