

**APPLICATION** (please print carefully)  
*Scan and email back to [info@awolrecoveryhouse.com](mailto:info@awolrecoveryhouse.com)*  
*Or mail to 222 Hemingway Ave., East Haven, CT 06512*

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best way to contact: Email \_\_\_\_\_ Text \_\_\_\_\_ Phone \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License # & Insurance Information \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

How Did You Hear About AWOL: \_\_\_\_\_

Desired Entry Date: \_\_\_\_\_ Planned Exit Date (6 months recommended): \_\_\_\_\_

Emergency Contact/Relative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Drug of Choice? \_\_\_\_\_ Date of Last Use? \_\_\_\_\_

Describe Your Usage In The Lasted 12 Months:

---

---

---

Current/Prior Treatment Facilities or Centers: \_\_\_\_\_

---

Counselor/Case Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What Were Your Aftercare Plans? Please Explain: \_\_\_\_\_

Are You a Registered Sex Offender? Yes\_\_\_\_\_No\_\_\_\_\_

Are You Currently In the Legal System? If Yes, Please Explain: \_\_\_\_\_

Have You Ever Been Charged With a Violent Crime? If Yes, Please Explain: \_\_\_\_\_

Current Parole/Probation Officer: Name & Contact Information: \_\_\_\_\_

Do you have **any** mental health issues or diagnosis? Y/N If yes, what: \_\_\_\_\_

Have you been prescribed any medications within the pasted 6 months: Y/N

List **ALL** medications you are currently taking and dosage and lasted date taken

1. \_\_\_\_\_ Last taken: \_\_\_\_\_

2. \_\_\_\_\_ Last taken: \_\_\_\_\_

3. \_\_\_\_\_ Last taken: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have **any** physical health/medical issues or disabilities? Y/N If yes, what: \_\_\_\_\_

Have You Ever Resided at A Recovery/Sober House Before? Y/N If yes, When & Where & Why Did You Leave? \_\_\_\_\_

Why Do You Believe You Would Be a Good Fit at AWOL: \_\_\_\_\_

I certify that the answers provided above are true to the best of my knowledge.

---

Applicant

---

Date

---

**For office use, only:**

Date of discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for discharge:

\_\_\_Positive for Drugs    \_\_\_ Positive for alcohol

\_\_\_ Financial            \_\_\_ Non-compliance of Rules

\_\_\_ Walk Away         \_\_\_ Financial/non-payment

Comments:

---

---

---

---