



The Joshua House • The Steele House

Application

Applicant Information

Name:

Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone:
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Current residence:

City:	State:	ZIP Code:
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Current Addiction: (Check all that apply) Alcohol Methamphetamine Opiates Crack/Cocaine

Methadone Pornography OTHER (please specify): _____

Substance Abuse Information

Length of Time: _____ Years _____ Months

List substances you have used in the last 30-180 days:

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Emergency Contact

Name of a person not residing with you:

Address:			
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City:	State:	ZIP Code:	Phone:
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Relationship:

Insurance Information

Primary:	Address:	Phone:
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Secondary:		
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Policy Holder Information

SSN:	
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Referred By

Name of Referring Individual or Program:

City:	State:	ZIP Code:	Phone:
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How did you hear about us? (Check One) Internet search or Web site Past resident Substance Abuse Program

Relative/Friend Therapist/Counselor Other: Please Specify _____

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
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Signature of co-applicant:	Date:
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