

Stepworks Sober Living Application

Name: _____
First Middle Last

Date of Birth: ____/____/____ Age: ____

Sobriety date: ____/____/____

Sex assigned at birth: ☐ Male ☐ Female Gender: ☐ Man ☐ Woman ☐ _____

Emergency Contact: _____

Relationship to you: _____ Phone Number: (____) - ____ - ____

Are you listed on a sex offender registry? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please complete the following (you may use an additional sheet if necessary):

Offense	Date of Conviction	Sentence/Probation	Comments

Do you have any upcoming court dates? ☐ Yes ☐ No

If yes, please explain and provide the dates, if known: _____

Current probation or parole officer names and contact numbers:

Parole Officer: _____ Phone Number: (____) - ____ - ____

Parole Officer: _____ Phone Number: (____) - ____ - ____

Parole Officer: _____ Phone Number: (____) - ____ - ____

Have you ever attended the Stepworks Sober Living program before? ☐ Yes ☐ No

If yes, why did you leave? _____

Have you ever been a patient at Intensive Health (past or current)? ☐ Yes ☐ No

Are you on disability or receive disability payments? ☐ Yes ☐ No

If so, explain: _____

Are you capable of working a 40-hour workweek? ☐ Yes ☐ No

If not, explain: _____

Applicant Signature: _____ Date: ____/____/____

Team Member Signature: _____ Date: ____/____/____