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**BETTER DAYS SOBER LIVING LLC**

**APPLICATION**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ARE YOU ADDICTED TO DRUGS? \_\_\_\_\_YES \_\_\_\_\_NO**

**DATE OF LAST DRUG USE\_\_\_\_\_\_\_\_\_\_**

**LIST DRUGS YOU USED ADDICTIVELY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**DO YOU ATTEND A.A. OR N.A. MEETINGS? \_\_\_\_\_\_\_YES \_\_\_\_\_\_NO**

**HOW MANY TIMES PER WEEK? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAVE YOU BEEN TO TREATMENT? \_\_\_\_\_\_YES\_\_\_\_\_NO WHERE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOW LONG?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMPLETED?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ARE YOU EMPLOYED? \_\_\_\_\_\_YES\_\_\_\_\_NO**

**WHERE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DO YOU RECEIVE ANY OTHER INCOME?\_\_\_\_\_YES\_\_\_\_\_NO**

**IF YES, WHAT KIND?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DO YOU TAKE PRESCRIBED MEDICATION? \_\_\_\_\_\_YES\_\_\_\_\_NO**

**IF SO, WHAT?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAVE YOU EVER LIVED IN SOBER LIVING BEFORE?\_\_\_\_\_YES\_\_\_\_\_NO**

**IF YES, WHERE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHY DID YOU LEAVE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DO YOU HAVE ANY LEGAL PROBLEMS?\_\_\_\_YES\_\_\_\_NO**

**IF SO, WHAT?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ARE YOU IN DRUG COURT?\_\_\_\_YES\_\_\_\_\_NO**

**ARE YOU ON PROBATION?\_\_\_\_\_YES\_\_\_\_\_NO**

**DO YOU HAVE ANY MEDICAL PROBLEMS?\_\_\_\_\_YES\_\_\_\_\_NO**

**IF YES, WHAT?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT**

**NAME PHONE RELATIONSHIP**

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**MOVE IN DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I REALIZE THAT BETTER DAYS SOBER LIVING IS HOUSING FOR THOSE IN RECOVERY, AND WORKING A PROGRAM. I REALIZE THAT IT IS A DRUG FREE ENVIRONMENT AND I HAVE TO MAINTAIN SOBRIETY.**

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**