



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: ____ / ____ / ____



Therapist Section

Do you recommend this patient for Stepworks Sober Living? Yes No

If not, please explain why: _____

Is there anything the Stepworks Sober Living team should know? _____

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