



# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_