GALIA RECOVERY HOMES

APPLICATION

Print full Name: Age: Gender: M F Birth date:

Last 4 of Social: Have you ever been evicted? Y. N. If yes where & what year?

Have you ever served in the United States armed services? Y. N. If yes where & what year and are you currently active or enlisted?

Do you have Alcohol/Drug history? Explain:

Drug of choice:

Drugs/Alcohol used:

Clean date:

Where have you lived the past year?

Are you in custody? Release date?

Ever been in a recovery sober home? Name, county, and year.

Ever been in treatment? Where? Name, county, and year.

Do you have a criminal record in The United States? Where?

-Sex Offences? Y. N. If yes Explain

-Abuse charges? Y. N. If yes Explain

-Violent charges? Y. N. If yes Explain

-Domestic Violence? Y. N. If yes Explain

-Arson charges? Y. N. If yes Explain

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Are you on probation/Parole? YN

Parole/Probation Officer name/County:

Are you employed?

If self-Employed provide proof:

Are you on Social Security? YN

Are you affiliated with any Gangs? Y N Are you related to any gang members? Y N

If Yes, where?

Are you currently a gang member?

Do you have or struggle with mental health? Y. N. If yes Explain:

Are you on any medication? List all Medications

1- 2-

3- 4-

5- 6-

Do you plan to start on any new medications after you complete this application? Y N

If yes, what?

List 3 references of your character that we may notify:

1)

GALIA RECOVERY HOMES

APPLICATION

2)

3)

I acknowledge my answers to be true and that any mis-leading answers or answers that are not true may result in termination of my stay at Galia Recovery Homes.

Signature:

Date:

Comments: