

SOUL SANCTUARY IN THE DESERT

TRANSITIONAL LIVING PROGRAM

Application for Residence

Name:

Maiden and or other Names:

Birth date:

Social Security #:

Emergency Contact:

Employer:

Phone:

Address:

How many years: Please note on if less than two years, list on back of page other employment.

Education completed:

Diploma (yes/no):

Trade School

College

Degrees

List of 5 people in Arizona who have known you more than 2 years

Name:

Phone:

Address:

Occupation:

Relationship:

Name:

Phone:

Address:

Occupation:

Relationship:

Name:
Phone:
Address:
Occupation:
Relationship:

Name:
Phone:
Address:
Occupation:
Relationship:

Name:
Phone:
Address:
Occupation:
Relationship:

Are you currently on probation or parole?

If so, details of what for:

Name of Officer:
Phone:
Address:

Current Physical Condition:

Doctor:
Name:
Phone:
Address:
Any medication:

Emotional/ Psychological History:

Doctor:

Name:

Phone:

Address:

Any Medication:

Other:

How many children do you have? State their names, where they currently reside and which ones you plan on bringing? List any medical, social, or emotional conditions to be aware of? Is there anything else we should know to assist you better?

Are you leaving domestic violence or been involved with it (when, where, by whom)?

What was your rock bottom?

Are you dedicated to your success in recovery? If so, what makes you know this?

Are you actively enrolled in church or a spiritual program? Please comment. Are your children?

What are your personal interests?

What are your immediate goals?

What are your three year goals?

Why are you interested in our program?

List of Sponsors, Counselors, and all other Recovery Related Contacts

Name:

Phone:

Address:

Email:

Title:

Name:

Phone:

Address:

Email:

Title:

Name:

Phone:

Address:

Email:

Title:

Name:

Phone:

Address:

Email:

Title:

Name:

Phone:

Address:

Email:

Title:

Soul-Sanctuary in the Desert
Resident Program Agreement
Thirty Day Probation Period

I _____, agree to follow all of Soul Sanctuary's house rules as well as complete the following in the next thirty days, otherwise immediate discharge can happen.

- remain clean from the use of any substance (drugs/alcohol)
- seek and obtain employment
- seek and obtain counseling
- seek and obtain medical & dental care
- seek and obtain sponsor
- seek and participate in two weekly 12 step meetings (Drug court will count for these meetings in the first 30 days, as long as one of the days is a weekend; otherwise, you must find a weekend meeting)
- seek and obtain child care
- seek and obtain child counseling
- seek and obtain child medical care
- learn, understand and choose from one of the longer term program (3 month, 6 month or 12 month)
- get all of your release of information forms signed and turned back in
- be current on program fees

We will assist you through weekly meetings and weekly progress reports, all which must be completed on a timely basis. We are excited for your growth and look forward to finding, exploring and sharing your potential.

I agree to the above terms and conditions to continue my residency and involvement in the program.

Signature

Date