

# Driskill Halfway House

## Application for Admission

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_

Can you provide copy of driver license,

4 Digit Pin: \_\_\_\_\_

SS card, birth certificate? \_\_\_\_\_

Sobriety Date: \_\_\_\_\_

\*\*\* If other than alcohol only, what was your drug(s) of choice? \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Prior treatment facilities: \_\_\_\_\_

Average length of stay: \_\_\_\_\_ Did you typically finish the program? \_\_\_\_\_

Criminal history (all offenses): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parole/Probation Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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In case of Emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information: \_\_\_\_\_  
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