



This application is for internal uses only. The questions are designed to assist Eudaimonia Recovery Homes in utilizing our resources to assist you in your recovery through accountability and aiding you in any obstacles you may need to overcome.

Print Name (First, Middle, Last) (Full Legal Name)		Date of Birth:
Address (Street) Home address ONLY Address: _____ City: _____ State: _____ Zip: _____		Information Where You Can Be Reached Home: () _____ - _____ Cell: () _____ - _____ Email: _____
Emergency Contact: Name: _____ Relation: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: () _____		Identification Numbers Social Security Number : _____ Drivers License Number: _____ State: _____ Or ID Card Number: _____ State: _____
Will you have your own transportation? Yes No		
Are you getting SSI, Disability or other non-job related income? Yes No If Yes: Type of Supplement Income: _____ Frequency of Payment: _____		Marital status (Check One) <i>Single</i> <i>Married</i> <i>Separated /Divorced</i>
Are you currently enrolled in a form of higher education? Yes No If Yes: Name of Institution: _____		Are you employed? Yes No If Yes: Name of employer: _____ Contact Number: _____
Are you a recovering: <i>Alcoholic:</i> Yes No <i>Drug addict:</i> Yes No <i>Sobriety date:</i> _____		List drugs you used addictively: _____
Are you discharging from a substance abuse treatment program, either in-patient or out-patient? Yes No		
If Yes: Facility Name: _____ Counselor: _____ Phone Number: () _____ - _____ Ext: _____ Email Address: _____ Discharge Date: _____		If No: Current Location: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Move in Date: _____
Are you planning to attend an aftercare program or an intensive outpatient program? Yes No		
If Yes: Name of Aftercare Provider or IOP: _____		If No: Do you plan to attend 90 meeting in 90 days? Yes No
Are you participating in or about to enter a methadone or other drug replacement program? Yes No		
Do you take prescription drugs? Yes No If Yes, list prescription drug, reason for prescription and prescribing doctor 1. _____ 2. _____		Frequency of Doses: 1. _____ 2. _____
Do you have any current court case pending, other than moving violations? Yes No		Have you ever been convicted of a felony? Yes No
If Yes: Violation: _____ Please circle: Probation, Bond or Pending Court Case County: _____ City: _____ State: _____		If Yes, explain: _____ _____ _____
Have you ever lived in a sober house before? (i.e. Oxford House) Yes No		
Which home are you interested in moving into?		
How did you hear about Eudaimonia Recovery Homes?		

By signing the application below, I authorize Eudaimonia Recovery Homes to utilize the above information to process my request for membership.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Please fax the application to 866-204-1246 or email to men@eudaimoniahomes.com or women@eudaimoniahomes.com