

CLIENT INFORMATION FORM

Client # _____

(1st Section Below and Signature Required upon Entry)

Extension _____

Name: _____ Entry Date: _____
Last First M.I.

Cell #: _____ Email: _____ FaceBook: Y / N

Sources of Funds: _____ Initial Payment \$ _____
(Employment, Benefactor, Other, None)

SS #: _____ DOB: _____ DL: _____ State
(Must be Over Age 18) Driver License Number Copied

Sobriety Date: _____ Verified: _____ Property Check: _____ Room Number _____
Yes/No (If "Yes", give details) Initials Photo

Mailing Address: _____
Street City State Zip Code

Emergency Contact: _____ Tele #: _____
Name(s) Relationship(s)

Contact: _____ Tele #: _____
Name(s) Relationship(s)

Contact: _____ Tele #: _____
Name(s) Relationship(s)

Treatment Facility: _____
(Most Current) Name/Location Diagnosis and/or Drugs of Choice - Length of Stay - Exit Date

Criminal History: _____
Sex Offenders Not Admitted (Describe any Pending Charges) (Prior Felony - Year) (If Imprisoned, on Probation or Parole - provide Release Date)

Prior Client: _____ by: _____ Prior Grades: Prior Balance \$ _____
Yes/No Exit Date Initials Eligibility/Recovery/Conduct/Payment

Current Notes: _____
Sobriety, Recovery, Living Status, Levels, Etc.

Sponsor: _____ Tele #: _____
Name Home Group

Sharing Partner: _____ Tele #: _____
(Power House) Name of Sharing Partner (or Primary Resident Contact)

Current Exit Date: _____ by: _____ Exit Grades: Exit Balance \$ _____
Initials Eligibility/Recovery/Conduct/Payment

History Report Note: _____
Short Summary for Future Reference

Tele #: _____ Relapse: _____ Achieved Level: _____ Completed B2B Workshop? Y / N

I hereby affirm that the information provided by me is both accurate and complete. Furthermore, I acknowledge that my application for admission to the Power House: 1) constitutes an agreement to follow directions, to adhere to all current and future rules and policies, and to treat every resident and visitor of the Power House with dignity and respect; and, 2) grants my unconditional consent to the release or exchange of personal information between the Power House and other individual(s) and/or organization(s), at the sole discretion of the representatives or management of the Power House.

Have I ever been a resident of Power House?
Yes/No

Client: _____
Signature Date

Entry Data Filed By	Date	Exit Data Filed By	Date