



First Step Recovery House

Program Membership Application

Name _____

Date of Birth (MM/DD/YYYY) _____

Last Known Physical Address

Street _____

City/Town _____

Zip Code _____

Phone # () _____

Are you currently employed, or on leave from a job

Circle one (Yes / No)

What substance, or substances do, or did you abuse?

Are you coming from a treatment facility?

Circle one (Yes / No)

If you answered yes, did you graduate from the program?

Circle one (Yes / No)

If you answered no, please describe why?

Are you coming from a Correctional facility/Prison?

Circle one (Yes / No)

Are you or will you be on Probation or Parole?

Circle one (Yes / No)

If you answered yes, what were your charges?

Name of Probation/Parole Officer _____

Phone Number () _____

Have you ever been convicted of a Sexual Crime of any kind?

Circle one (Yes / No)

If you answered yes, please describe your charges?

Have you ever been convicted of Arson?

Circle one (Yes / No)

If you answered yes, please describe your charges?

Are you currently on any Maintenance Programs of any kind?

Circle one (Yes / No)

If you answered yes, what program are you on?

Are you disabled, or unable to care for yourself?

Circle one (Yes / No)

If you answered yes, please describe your disability.

Do you have any current health issues?

Circle one (Yes / No)

If you answered yes, please describe your health issues.

Do you suffer from any Mental Health Problems?

Circle one (Yes / No)

If you answered yes, please describe.

Are you currently on any Physician Prescribed Narcotics?

Circle one (Yes / No)

If you answered yes, please list medications.

Please list any other medications you may be on.

Please tell FSRH why you would like to come to our program?

FSRH requires a membership deposit of \$500 upon arrival. This deposit covers your first two weeks of membership fees, and the last two weeks of membership dues. Failure to abide by Rules and Regulations set forth by Management of FSRH could result in loss of membership dues. Are you able to pay these dues upon arrival?

Circle one (Yes / No)

First Step Recovery certifies that any information disclosed on this application will not be shared with anyone except FSRH Management without written consent. Your membership in this program may also not be disclosed without written consent except with the Department of Corrections and Law Enforcement.

I _____, certify that my answers provided on this application are true and accurate. I acknowledge that if i provide false statements on this application that I may, or will be removed from the First Step Recovery House Program with no prejudice immediately or in said time as decided and directed by Management of FSRH.

Print Name _____

Signature _____

Date (MM/DD/YYYY) _____