



P.O. BOX 2323
Gainesville, GA 30503
770-539-9669
FAX 770-539-9522

Demographic Information

Last name: _____ First name: _____

Middle name: _____ Preferred name: _____

Other names used: _____

Social Security Number: _____ Date of birth: _____

Race/ethnicity: _____ Marital status: _____

Georgia resident? Yes _____ No _____

Address: _____ (street)

_____ (city, state, zip)

Phone: _____ Okay to leave a message? _____

Family:

Children? No _____ Yes _____ How many? _____ Ages? _____

Do you have legal custody? Yes _____ Custody arrangement? _____

No _____ Who has legal custody? _____

Do you have visitation rights? Yes _____ Specify? _____

No _____

Is there a protective order? Yes _____ No _____

If 'yes' specify circumstances: _____

Family information: Please provide information on the members of your immediate family including names, relationship, custody status, gender, etc. _____

Education: Last grade completed: _____ Diploma? **YES** **NO** GED? **YES** **NO**

Are you able to read/write in English? **YES** **NO** Corrective vision? **YES** **NO**

Primary language? _____

Do you have a learning disability? No _____ Yes (describe) _____

Are you hearing/visually impaired? No _____ Yes (describe) _____

Do you require adaptive equipment? No _____ Yes (describe) _____

Employment:

What is your occupation? _____

Date last employment _____ Where? _____

Source of income: _____

How did you support your substance use? _____

Forms of identification (Picture ID's, etc.)

Social security card _____ Driver's License _____ Identification card _____

Other: _____

Medical information:

When was your last physical? _____

Outcome? _____

Immediate medical issues? _____

Chronic medical conditions? _____

Allergies (food, medication, environmental, etc.)? _____

Current medication? _____

Medications needed but not currently taking? No _____ Yes _____

Which? _____

Emergency Contact:

1) Name: _____ Relationship: _____

Phone number: _____

Address: _____

2) Name: _____ Relationship: _____

Phone number: _____

Address: _____

ROI? YES NO

Contact verified? YES NO



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**NEW HOPE COUNSELING RECOVERY CENTER
APPLICANT'S CERTIFICATION, AUTHORIZATION AND RELEASE**

I realize that New Hope Counseling Recovery Center (NHCRC), to which I am applying for residency has been established in compliance with conditions of the Federal Anti-Drug Abuse Act of 1988 (as amended), which requires us to prohibit all residents from using any alcohol or illicit drugs, expel any resident who violates such prohibition and/or other "special conditions."

I understand that my receipt and submission of this application does not imply that I will be accepted by New Hope. All applications are subject to verification of content and approval by the Executive Director for suitability.

I authorize all persons, schools, employers, corrections personnel and organizations mentioned in this application to provide New Hope and/or its representatives with any and all information requested by NHCRC. The New Hope representative may ask any questions which she considers important to the residency decision, including questions about my personal background, education, work experience, prison & medical records, family and/or next of kin, character, discipline reports (if any) and personality. I voluntarily release such persons, schools, employers and organizations from all liability for providing such information.

New Hope does not arrange employment for its residents; however, we do provide a list of employers within ease access (walking) to the residence. Public transportation is available via Red Rabbitt for those employed at a greater distance and/or for approved shopping, outings, etc.

I affirm that I have supplied complete and correct information to the questions on this application and that I have withheld nothing that would, if disclosed, affect this application adversely. I understand that any omissions or falsifications may negatively affect my eligibility for residency and/or employment opportunities. We reserve the right to dismiss you promptly if that's the case.

Signature

Date

Printed Name

Facility