Skelley House Resident Application

Name:				_		
Last	First	: 1	Middle Initial			
DOB:		∕Iarital Status:				
Ethnicity:	·	#of children:_				
Current Mailing Address:_						
City:		State:	Zip:			
Emergency Contact Inform	<u>nation</u>					
Name:						
Phone Number: Relation:						
<u>Drug History</u> List drug (including alcohol) and frequency of use. Also provide age started and last use.						
Drug Used	Frequency	Age Started		Last Used		

Employment History

Education History

Highest Grade Completed:_____

Employer name	<u>Phone</u>	<u>Date started</u>	<u>Date ended</u>	<u>Job title</u>	<u>Supervisor</u>	<u>Wage</u>
						<u>earned</u>

List schoo	ls attended:				
	Name	Location (city)	Date started	Date ended	Degree earned
High School					
University					
Vocational/Tech					

Would you be interested in continuing your education? Yes No

Medication

List any prescribed medication you are currently taking:

Drug Name	Prescribing Doctor	Date started	Date Ending	Number of refills

Legal History		
Currently on parole? Yes No	If yes, provide Community Su	pervision End Date:
Name of COIII:	Contact Nur	mber:
ADC#	Release Date:	
Name of Parole Officer:	Cc	ontact Number:
Do you have restitution? Yes N	No If yes, how much:	
List all arrests and convictions, se	entences and probation history be	elow:
	Resident Bio Letter	
Name:		
Last	First	Middle
Who are you?		

What do you want? What are your goals for the next year? The next five years?

