



Application revised 06/2010
(Sober Living Program)

Date ____/____/____

Contact # _____

Print Full Name _____ DOB ____/____/____

Do you have a VALID Drivers License? ____ Picture ID? ____ State _____

County of Residence _____

Top grade of school or GED _____

TREATMENT HISTORY _____

Prescribed Medicines: _____

EMPLOYMENT: Are you currently employed? ____ Where? _____

What skills do you have? _____

Are you collecting unemployment or disability? ____ What is your disability? _____

Dependent children ____ Are you paying child support? ____ Amount _____

LEGAL HISTORY: Do you have pending charges? _____

What State? _____ What County? _____ What Court? _____

List past convictions: _____

What State: _____ What county? _____

Why are you applying to live here? Use back if needed.

I certify the above information is true and correct. I understand the nature of FreeBirds Solution Center (FSC) requires expulsion, without notice or appeal, of any Resident that is found to be using alcohol and/or drugs, commits violence or threatens violence or engages in any type of sexual relations and/or sexual harassment with another Resident or Staff. I further understand I must submit and pass a drug screen in order to be admitted into FSC. I hereby waive any landlord/tenant rights in order to gain residency into FSC.

Signature _____ Interviewer _____