CLIENT INFORMATION FORM Client # _____. (1st Section Below and Signature Required upon Entry) Name: Entry Date: Cell #:______ FaceBook: Y / N Sources of Funds: _____ Initial Payment \$_____ (Employment, Benefactor, Other, None) State Copied SS #: Property Check: ____ Room Number____ Mailing Address: _ Tele #:_____.__.__. Emergency Contact: Relationship(s) ___ Tele #:_____.__.___ Contact: Relationship(s) Tele #: . . . Contact: Treatment Facility: Name/Location Diagnosis and/or Drugs of Choice - Length of Stay - Exit Date (Most Current) Criminal History: Sex Offenders Not Admitted (Describe any Pending Charges) (Prior Felony - Year) (If Imprisoned, on Probation or Parole - provide Release Date) Bxit Date | by: Prior Grades: | Prior Grades: Prior Grades Prior Client: Current Notes: Sobriety, Recovery, Living Status, Levels, Etc. Tele #: . . . Sponsor: Home Group Name Sharing Partner: _ haring Partner: (Power House) Name of Sharing Partner (or Primary Resident Contact) | | Exit Balance \$ by: Exit Grades: Eligibility/Recovery/Conduct/Payment History Report Note: Short Summary for Future Reference _____.__.__.___. Relapse: ______ Achieved Level: Completed B2B Workshop? 🛂 / 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? Entry Data Filed By Date Yes/No

Client:	
Signature	Date
	Filename: 2013 01 01 Client Application Form