

Michael's House Admittance Questionnaire



Name: _____ Today's Date: _____

Date of Birth: _____ Email: _____

Phone number: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Current living situation? (example, homeless, rehab, jail, crisis unit, recovery house, hospital ect)

Current recovery status (days in recovery?)

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Date ready to move in: _____

Any Current Legal Issues (explain):

Any Current Medical Conditions:

List all Current Medications:

How do you plan to pay to get in Michael's House:

Please explain why you want to live in a Recovery Residency:

What Goals are you hoping to achieve while at the house:
