



RESIDENT APPLICATION

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ETHNICITY?: \_\_\_\_\_ COUNTRY OF ORIGIN? \_\_\_\_\_

WHERE DOES YOUR INCOME/SUPPORT COME FROM? \_\_\_\_\_

DO YOU RECEIVE ANY OF THE FOLLOWING BENEFITS?

VR \_\_\_\_\_ MEDICAID \_\_\_\_\_ MEDICAID \_\_\_\_\_ MEDICARE \_\_\_\_\_ SSI \_\_\_\_\_ SSDI \_\_\_\_\_ VA \_\_\_\_\_

OTHER \_\_\_\_\_

ARE YOU AN ALCOHOLIC? \_\_\_\_\_ ADDICTED TO DRUGS? \_\_\_\_\_ DRUG OF

CHOICE? \_\_\_\_\_ LENGTH OF USE? \_\_\_\_\_

DO YOU WANT TO STOP USING AND STAY CLEAN? \_\_\_\_\_

HOW MUCH AND HOW OFTEN DO YOU USE/DRINK? \_\_\_\_\_

LAST DRINK/DRUG? \_\_\_\_\_

HAVE YOU EVER ATTENDED/LIVED IN A RESIDENTIAL, DETOX OR OTHER

SUBSTANCE ABUSE PROGRAM/PLACEMENT BEFORE? \_\_\_\_\_

WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

NAME: \_\_\_\_\_

**INFORMATION RE: CHILDREN:**

NAMES	AGE	DATE OF BIRTH
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LEGAL ISSUES:**

PENDING OR CURRENT CHARGES? \_\_\_\_\_

SCHEDULED COURT DATE? \_\_\_\_\_

NAME OF ATTORNEY? \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROBATION OFFICER'S NAME? \_\_\_\_\_

PHONE NUMBER? \_\_\_\_\_

LIST **ANY** CONVICTIONS, WHETHER YOU SERVED TIME OR PLACED ON  
PROBATION? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WISH TO ENTER TJI PROGRAM? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

**CURRENT MEDICATIONS:**

MAKE SURE YOU LIST **ALL** MEDICATIONS YOU ARE TAKING AT THE PRESENT TIME:

MEDICATION	MG/DOSAGE	REASON FOR TAKING MEDICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CURRENT MEDICAL CONDITIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LAST PHYSICAL?** \_\_\_\_\_

**ALLERGIES?** \_\_\_\_\_

**MENTAL HEALTH ISSUES?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

**LIFE STORY: TELL US ABOUT YOURSELF**

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I, \_\_\_\_\_ have read and understand all the elements of this application and do agree that I have honestly answered every question to the best of my ability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_