

Friendship House Application

(390 Lincoln St. South Portland ME 04106)

PERSONAL

Name _____ Date _____

Date of Birth _____ SS # _____

Last Address _____

Marital Status (circle) Married Divorced Separated Single

Children's Names/Ages _____

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Explain present involvement, if any, with wife, ex-wife, girlfriend, etc. _____

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MEDICAL

Allergies _____

List Physical and/or Psychiatric Illnesses or Problems

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Medications/Prescriptions that you are currently taking

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Medical Insurance? _____ Yes _____ No

Do you have any disabilities? _____ Yes _____ No SSI/SSDI _____ Yes _____ No

If yes, please explain

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Who referred you to us/how did you hear about us?

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HISTORY

Have you been a resident of Friendship House before? _____ Yes _____ No

If yes, when? _____

List treatment for the past 5 years: i.e. Detox, Recovery programs, Counseling, etc.

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Longest sobriety time _____ Explain drinking/drug abuse over past year

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Drugs abused:

Length of use:

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Police Record _____ Yes _____ No On Probation _____ Yes _____ No

Are you/will you be required to register on the sex offender registry? _____ Yes _____ No

Have you been in jail/prison? _____ Yes _____ No How many times _____

Release Date (if currently incarcerated) _____

Reason:

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Any pending cases? _____ Yes _____ No

Reason:

*

Probation Officer's name _____ Phone #: _____

Job Skills: _____

Interests: _____

Please describe briefly why you would like to be in residency at Friendship House and how we can help you in your recovery. What would you be able to contribute to the house and other residents, what are your short and long term goals:

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I certify that all of the information provided is correct and I authorize Friendship House to do any background checks with police departments, facilities and/or caseworkers

Signature _____ Date _____

