

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date: \_\_\_\_\_ Intended Occupancy Date: \_\_\_\_\_ Sobriety Date: \_\_\_\_\_

Referring agency \_\_\_\_\_ Contact # \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Medicaid Client ID#: \_\_\_\_\_

Lic State & Driver License # \_\_\_\_\_

**Income Information:**

Present Employer Name & Address: \_\_\_\_\_

Phone # of Employer: \_\_\_\_\_

If not employed Source of Income: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

**Legal History**

Have you ever been arrested? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Parole/Probation Officers name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Drug and Alcohol History**

Explain any history of drug or alcohol abuse: (how used/ how much / age of use)

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

**Psychiatric and Medical History**

List current prescribed medications and diagnosis

Psych \_\_\_\_\_

Medical \_\_\_\_\_

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

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

Are you eligible for ATR/Basic Needs? \_\_\_\_\_

Do you have the means to self-pay? \_\_\_\_\_

**A-CURE, LLC**

**Contact: Tammy McInnon**

**860- 574-9243 Fax 860- 772-2070**