

RESIDENT APPLICATION

Resident Information

Full Name: _____

Date of Birth: _____ Height: _____ Weight: _____

Phone number (cell): _____

Email: _____

Driver's license #: _____

Social Security #: _____

Highest level of education: _____

Marital status: _____ single / married / divorced / widowed

Relationships

Emergency contact: _____

Full name: _____

Home address: _____

Phone: _____

Email: _____

Mother

Full name: _____

Home address: _____

Phone: _____

Email: _____

Father

Full name: _____

Home address: _____

Phone: _____

Email: _____

Aspire Austin
RESIDENT APPLICATION

Medical History

List any medical conditions:

Are you currently on any medications? YES / NO

If yes, list medications and dosage: _____

Financials

Who will be responsible for paying the monthly residency fee if someone other than yourself..

Payer's Name: _____

Payor's phone number: _____

Payor's email: _____

Location: _____

Current income from all sources (Social security, trust fund, etc.): _____

Criminal Background

Have you ever been convicted of a felony? YES / NO

If yes, explain: _____

Are you a convicted sex offender? YES / NO

Are you currently on probation or have charges pending? YES / NO

If yes, explain: _____

How did you hear about Aspire Austin Recovery Homes?

What services are you most interested in receiving? (i.e. addiction/recovery, ID, transportation, work)
