

Application for Residency

Name _____ Date _____

Date of birth _____ Age _____ SS# _____ NDOC # _____

Race: _____ Ethnicity _____ Prison Facility (If applicable) _____

Contact Person/ Case Worker _____

Are you a Veteran Yes _____ No _____

Present Mailing Address _____

How many children? _____ Ages? _____ Custody? ___ Yes ___ No

Please fill out with as much detail as possible.

Do you have any outstanding warrants for your arrest? ___ Yes ___ No

If yes, for what and where? _____

If not coming from prison, do you have any legal issues that may surface after coming into our program? _____

What is your current offense/Sentence? _____

What was your Sentencing Date? _____

Date of next Parole Board _____ Expected Release Date _____

Parole/Probation Officer's Name (if known) _____

Parole/Probation Officer Phone Number: _____

Date that your parole/probation expires: _____

Criminal History:

Dates _____	Charge(s)	Using/Drinking at the time of the offense?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a violent offense? _____ If so, explain

Have you ever been convicted of a sexual offense? _____
If so, explain what tier level rating you were given? _____

Do you owe restitution or fines anywhere? _____ If so, where and how much do you owe?

In prison, did you participate in: (please indicate specific dates, programs, etc.?)

Counseling Groups _____

Special Training Programs _____

Jobs you had while in prison _____

Job skills and experience _____

Highest school grade completed (G.E.D. = 12) _____

College Level Classes _____

Have you ever lost a job due to substance abuse related behavior?

(Like being in jail or prison, or having a hang over?) ____ Yes ____ No

Do you have a drug or alcohol problem? ____ Yes ____ No

First Drug of Choice _____

Date of last use _____ Age of 1st use _____

Method of use (smoke, snort, etc.) _____

AA/NA Attendance ____ Yes ____ No Date of last attendance _____

Second Drug of Choice _____

Date of last use _____ Age of 1st use _____

Method of use (smoke, snort, etc.) _____

Any intravenous drug use? ____ Yes ____ No If yes, when _____

What was your longest period of drug/alcohol abstinence?

From _____ To _____

What do you attribute this period of abstinence to?

What is your longest period of sobriety **OUTSIDE** of a controlled environment?

Date of last TB test _____ Results _____

To be considered for acceptance into the Life Changes, Inc. program, you **must** have the following items confirmed by your caseworker:

- Current (TB) results (**We will need this in our file prior to your arrival**).
- Birth Certificate & Social Security Card on I-file.

Once you have a bed date, YOU MUST COME DIRECTLY TO Life Changes, Inc. WITH NO STOPS IN BETWEEN! We will send you to P & P once you arrive at our facility.

Have you ever participated in a transitional/residential facility or similar program? ___ Yes ___
No If yes, what program, when and where?

How long did you stay? _____

Reason for leaving? _____

IF YOU DO NOT ANSWER THE FOLLOWING THREE QUESTIONS, YOU WILL AUTOMATICALLY BE DISQUALIFIED! NO EXCEPTIONS

The Life Changes, Inc. program(s) are for people who are serious about changing their lives. We operate a program that will empower you to discover your authentic self, release the bondage of addiction/alcoholism and regain your rightful place in the world.

1. Why are you considering Life Changes, Inc. as part of your release program?
2. What is your concept of Spirituality?
3. What is your opinion regarding AA/NA recovery?
(Explain All of the above questions on a separate sheet of paper, please write legibly.)

Do you have family/significant others in Nevada? Please describe these family members or significant others:

NAME	RELATIONSHIP	PHONE NUMBER
1. _____		
2. _____		
3. _____		
4. _____		

5. EMERGENCY CONTACT: (MUST HAVE AT LEAST ONE NAME & #)

I state that the above statements are true to the best of my knowledge.

Signed _____ Date _____

NOTE: You must initial each page to acknowledge that you have read and understood each component of this application. Please sign and date the final page where indicated.