



RESIDENT INTAKE APPLICATION



Thank you for your interest in our structured, peer-supported recovery environment. This application helps us determine whether our community is the right fit for your recovery goals and needs.

ALBANY, NEW YORK

SUNRISE
SOBER LIVING

SECTION 1 – APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____
Phone Number: _____ Email Address: _____
Current Address: _____ City/State/Zip: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____
Relationship to Applicant: _____

SECTION 2 – RECOVERY INFORMATION

Are you currently in recovery? Yes No
Date of Last Use: _____
Substance(s) of Choice: _____
Are you currently participating in outpatient or treatment services? Yes No
If yes, please explain: _____
What are your current recovery goals?

Why are you seeking sober living at this time?

SECTION 3 – HOUSING & SUPPORT INFORMATION

Have you previously lived in a sober living residence? Yes No
If yes, please explain: _____
Were you referred by a program, agency, or individual?
 Yes No
Referral Source: _____
Case Manager / Counselor Name: _____
Phone Number: _____
Are you currently on probation or parole? Yes No
If yes, please provide officer name and contact information:

SECTION 4 – EMPLOYMENT & FINANCIAL INFORMATION

Current Employment Status: _____
Employer (if applicable): _____
Primary Source of Income: _____
How do you plan to pay residency fees?
 Employment Family Support Assistance
 Scholarship/Grant Other
If other, explain: _____

SECTION 5 – MEDICATION & MEDICAL INFORMATION

Are you currently prescribed any medications? Yes No
If yes, list medications below:

Medication	Dose	Frequency

Do you have any allergies or important medical conditions we should be aware of?

Do you have any mobility or accessibility concerns? Yes No
If yes, please explain: _____

SECTION 6 – TRANSPORTATION INFORMATION

Do you own or have access to a vehicle? Yes No
If yes, vehicle make/model: _____

SECTION 7 – LEGAL & SUPERVISION INFORMATION

- A felon Yes No If yes, nature of conviction: _____
- On probation Yes No Probation officer name & phone #: _____
- Required to register as a sex offender Yes No
If yes, please explain: _____
- On parole Yes No Parole officer name & phone #: _____
- Legally mandated to live in sober housing? Yes No
If yes, by whom: _____

SECTION 8 – APPLICANT ACKNOWLEDGEMENTS

Please initial each statement below:

____ I understand that this is a structured, peer-supported recovery residence.
____ I understand that it is a substance-free living environment.
____ I understand that compliance with house rules, curfews, meetings, and recovery expectations is required.

____ I understand that submission of this application does not guarantee admission.
____ I certify that the information provided in this application is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____