



Dennis Mosley: 304-395-6316
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Resident Application

Date: _____

Applicant's Name: _____

Address: _____ County: _____

Date of Birth: _____ Age: _____

Sex: _____ Marital Status: _____ Veteran: _____

How can we get in touch with you for an interview: _____

Substance Use History

Substance	Daily Use	3-5x/week	Weekends	1-8x/month	No use	Amount Used
Alcohol						
Cocaine						
Heroin/Opiates						
Marijuana						
Meth						
Other						

1. Application filled out by: _____

2. Why do you want to stay in a sober living home now? _____

3. Are you currently using drugs or drinking alcohol? Yes / No

4. What is your drug of choice? _____

5. How many years have you been using alcohol and drugs heavily? _____

6. Have you attempted to quit or cut down in the past? _____
7. How many times have you tried? _____
8. What is your longest period of sobriety? _____
9. Have you been in drug or alcohol treatment program, or are you currently? Yes / No

Where?	When?	Length of Stay?	Clean time?

Mental Status Screening

1. Are you currently depressed? Yes / No
2. Do you have any of the following symptoms:
- | | |
|---------------------------------|--------------------------------|
| Recent weight loss _____ | Insomnia _____ |
| Feelings of worthlessness _____ | Sleeping too much _____ |
| Excessive guilt _____ | Fatigue _____ |
| Lack of energy _____ | Difficulty concentrating _____ |
3. Are you currently suicidal? Yes / No If yes, do you have a plan? Yes / No
- If yes, what is your plan? _____
4. Have you ever had suicidal thoughts? Yes / No
5. Have you ever displayed violent behavior? Yes / No
- If yes, explain: _____
6. Have you ever had any homicidal thoughts: Yes / No
7. Have you ever seen a psychiatrist or currently under the care of one now? Yes / No
- If yes, please identify the name of the doctor and the date of last visit: _____

Legal Information

1. Have you ever been in any legal trouble? Yes / No
- If yes, explain: _____
2. Do you currently have any pending legal charges: Yes / No

If yes, explain: _____

3. Have you ever been charged/convicted of domestic violence, assaults, or violent crimes? Yes / No

If yes, explain: _____

4. Have you ever been charged or convicted of any sex crimes? Yes / No

If yes, explain: _____

5. Are you currently on probation or parole? Yes / No

If yes, who is your probation/parole officer: _____

What charges are you on probation/parole for? _____

6. Do you have any scheduled hearing dates? Yes / No

If yes, explain: _____

Medical History

1. Have you been diagnosed with any of the following conditions?

Condition	If yes = X	Condition	If yes = X
High blood pressure		Heart concerns	
Cirrhosis		Coronary artery disease	
Hepatitis A/B/C		Pancreatitis	
Liver disease		COPD/Emphysema	
Diabetes		Mobility Issues	
Tuberculosis		GI Bleeding	
Migraines		Kidney disease	

Other medical concerns: _____

3. If you answered yes to any of the concerns, have you been hospitalized for any of them? Yes / No

If yes, explain: _____

4. Do you have any disabilities, limitations, or special needs? Yes / No

If yes, explain: _____

5. Do you have a primary care physician? Yes / No Last appointment: _____

If yes, what is their name and practice: _____

6. Are you currently taking any medications? Yes / No

If yes fill in the chart below:

Name of medicine	Dosage mgs	Frequency	Date last taken	Reason for taking

7. Are you allergic to any medications? Yes / No

If yes, which ones: _____

8. Are you allergic to any foods? Yes / No

If yes, which ones: _____

9. Any other medical concerns we should know about? Yes / No

If yes, explain: _____

Miscellaneous Information

1. What areas in your life would you like to work on while living here?

a. _____

b. _____

c. _____

2. Are you currently in a romantic relationship? Yes / No

If yes, explain: _____

3. Do you have any children? Yes / No

If yes, names and ages: _____

4. Do you have visitation with them? Yes / No

5. How is your relationship with your children? _____

6. Highest level of education? _____

Recovery Program

1. Have you ever attended 12 step meetings before? Yes / No

2. Are you willing to obtain a sponsor and work the 12 steps? Yes / No
3. Do you currently have a local sponsor you are actively working with to improve your recovery? Yes / No
4. Are you aware Gateway Recovery Home is a faith-based recovery home? Yes / No

Emergency Contact Information

1. Do you have an emergency contact person? Yes / No
2. If yes, what is their name: _____
3. What is their address: _____
4. What is their phone number: _____
5. Second emergency contact person: _____
6. Second contact's address: _____
7. Second contact's phone number: _____

Applicants Signature: _____ Date: _____