

PROGRESSIVE LIVING FACILITIES APPLICATION

FOR OFFICE USE ONLY
 HOUSING SUPPORTIVE SERVICES
Identification: Drivers License DD-214 Birth Certificate
 Social Security Card Other _____

Date: ____/____/____

NAME: _____

Social Security Number: _____

MDOC# _____ D.O.B. _____

Parole/Probation Officer: _____ Phone _____

Gender: Male Female

Do you have Current Charges? Yes No

What are they? _____

Length of Sentence: _____ How Long Incarcerated? _____

Anticipated Date of Release? _____

Are you a Parole Violator? Yes No

Reason for Violation: _____

Do you have Court Fees? Yes No How Much ? _____

Do You Have Community Service? Yes No How many hours? _____

Have you ever been arrested or convicted for any sex crimes? Yes No

If yes, Explain: _____

List all convictions, sentences, prior prison or jail commitments and probation history:
(List place and dates, se blank paper if necessary)

Are You Pregnant? Yes No

Can you PASS a Drug Test Today? Yes No

What is your preference? Drugs Alcohol Both

Types of Drugs/Alcohol you take? _____

Frequency of Use: _____ Date Last Used/Drink: _____

What is your history of Alcohol and/or Drug Use? _____

12 Step Experience? Yes No How Long? _____

How many attempts to get clean and sober? _____

Most clean/sober time attained> _____

Are you willing to work with a 12-Step Sponsor? Yes No

Are you willing to attend 8 hours of counseling per week? Yes No

List names and dates of all treatment programs, outpatient programs and halfway houses attended:

1. _____
2. _____
3. _____
4. _____

Are you under physicians care? Yes No If yes, Why? _____

List all Medical Problems:

1. _____
2. _____
3. _____
4. _____

Are you under the care of a Behavior Health facility? Yes No

If yes, Agency: _____

Address: _____

Phone: _____ Fax: _____

Psychiatrist/Psychologist _____

Have you ever attempted Suicide? Yes No

List all past and current Psychiatric problems:

1. _____
2. _____
3. _____
4. _____

Are you prescribed psychotropic meds? Yes No

List All Psychotropic Meds Prescribed:

1. _____
2. _____
3. _____
4. _____

All information in this application is true to the best of any ability.

Signature: _____

We like to get to know our residents so we can serve you better. Please submit a minimum of a half page summary of who you are and/or why you would like to be a resident at Progressive Living Facilities. DO NOT PRINT and please sign your name.