

Hero House/Fulton House Application

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of current physical address: \_\_\_\_\_

Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Birthdate: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Why are you looking for help now?: \_\_\_\_\_

\_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Are you Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Children \_\_\_\_\_ #of Children \_\_\_\_\_

What made you go into treatment? Drugs: \_\_\_\_\_ Alcohol: \_\_\_\_\_

What is your motivation for treatment at this time?: \_\_\_\_\_

\_\_\_\_\_

Location: Detox: \_\_\_\_\_ Jail: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Do you have criminal charges?: \_\_\_\_\_

Have been convicted of a violent crime?: \_\_\_\_\_

Are you a sex offender?: \_\_\_\_\_ Date of conviction: \_\_\_\_\_

Are you aware that Hero House/Fulton House is a faith based environment?: \_\_\_\_\_

Are you aware that you are responsible to obey staff and Directors at all times and that disciplinary action might include dismissal from the program?: \_\_\_\_\_

\_\_\_\_\_

How were you referred?: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_