



WOMEN AND MEN'S PHASES APPLICATION

DATE:

LAST NAME _____ FIRST _____ MIDDLE _____

SS# ____ -- ____ -- ____ DOB ____ / ____ / ____ AGE ____ RACE _____

DO YOU HAVE ANY CHILDREN? _____ AGE(S) _____

NAME OF CONTACT PERSON _____

THEIR RELATIONSHIP TO YOU _____ PHONE# _____

MARRIED _____ SINGLE _____ DIVORCED _____

ARE YOU PREGNANT? ____ DO YOU HAVE A CAR? ____ DO YOU SMOKE? ____

ARE YOU CURRENTLY IN A RELATIONSHIP? ____ WITH WHOM? _____

ARE YOU CURRENTLY IN TREATMENT? ____ WHERE? _____

DISCHARGE DATE _____

HOW MANY TIMES HAVE YOU BEEN IN A&D TREATMENT? _____

HAVE YOU LIVED IN A RECOVERY HOUSE BEFORE? ____ WHERE? _____

WHEN WAS THE LAST TIME YOU USED DRUGS AND/OR ALCOHOL? _____

WHAT IS YOUR DRUG OF CHOICE _____

HAVE YOU BEEN DIAGNOSED WITH ANY PSYCHOLOGICAL DISORDERS? ____

IF YES LIST EACH ONE _____

DO YOU HAVE ANY PHYSICAL HEALTH PROBLEMS? _____

LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING _____

DO YOU RECEIVE DISABILITY? ____ IF YES, WHY ARE YOU RECEIVING IT, AND MONTHLY AMT. _____

DO YOU HAVE INSURANCE? _____

DO YOU HAVE ANY LEGAL CHARGES PENDING NOW? _____

IF YES, LIST YOUR COURT DATES _____

LIST CHARGES _____

ARE YOU CURRENTLY ON PROBATION? _____

NAME AND NUMBER OF PROBATION OFFICER _____

CAN YOU PAY YOUR FIRST 2 WEEKS RENT (\$280.00) _____

PLEASE FAX OR MAIL APPLICATIONS TO:

PHASES INC.

211 MORTON AVE.

NASHVILLE, TN 37211

PHONE#: (615)832-9330 - FAX#: (615)315-9332