CREOKS Health Services

Spring River Recovery Homes

RENTAL APPLICATION

APPLICANT INFORMATION

Today's Date: _____
Desired date to move: _____

Name: _____ DOB: _____
SSN: _____ Phone#:_____
Email:_____

Current physical address: _____

Current mailing address (if different from physical):
_____ Do you own or rent: _____
Monthly payment: _____
How long: _____ What is your monthly gross income: _____
Are you receiving welfare or other non-job related income: _____ If yes, please explain:

Marital status: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Partnership

Level of education completed: ☐ H.S. ☐ College ☐ Grad school ☐ Other:_____
Are you a Veteran: _____ Do you have any animals _____
Are you pregnant: _____
Do you have a valid driver's license: _____
Do you have a car: _____ Is it registered and insured: _____

Current Treatment Center: _____
Expected discharge date: _____
Who referred you to us: _____

RECOVERY AND SUBSTANCE USE

Do you think you have a problem with alcohol: _____ If yes, please explain:

Do you think you have a problem with drugs: _____ If yes, please explain:

Primary addiction: _____
Date of last use: _____

List drugs/alcohol you used addictively:

1st _____ Route: _____

Date of last use: _____ Age of 1st use: _____

2nd: _____Route: _____

Date of last use: _____ Age of 1st use: _____

3rd: _____Route: _____

Date of last use: _____ Age of 1st use: _____

EMERGENCY CONTACT

Name of person not residing with you: _____

Relationship: _____ Phone: _____

Address: _____

Name of person not residing with you: _____

Relationship: _____ Phone: _____

Address: _____

Name of person not residing with you: _____

Relationship: _____ Phone: _____

Address: _____

OTHER INFORMATION

Please list hobbies and special interests:

What would you say your best characteristics are:

Do you have a medical Doctor: ☐ Yes ☐ No
If yes, Name: _____ Phone: _____

EMPLOYMENT

Current employer: _____

Address: _____Phone: _____

Position: _____

Current work schedule: (Show hours)

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

List your last 3 employers:

Company Name:

_____

_____

_____

If unemployed what are your plans for getting a job:

Please list your vocational skills/specialized training or certifications:

LEGAL

Have you been arrested in the past 30 days: ☐ Yes ☐ No If yes, explain:

Are you currently on probation or parole: ☐ Yes ☐ No If yes:

Probation Officer: _____ Phone: _____

Are you Mandated: ☐ Yes ☐ No

Are you experiencing legal problems (i.e. Court dates, warrants, active restraining orders): Please describe:

Supervisor: _____

Contact Info: _____

Do you take any prescription medications: ☐ Yes ☐ No If yes, Please list:

_____ _____ _____

_____ _____ _____

_____ _____ _____

MEDICAL

Do you have any medical conditions or allergies: ☐ Yes ☐ No If yes, please explain:

When did you attend your last AA or NA meeting: _____
How many meetings have you attended in the last 30 days: _____
Do you already have a sponsor or a Recovery Coach: ☐ Yes ☐ No If yes:
Name: _____ Phone: _____

Do you have any other recognized addictions or disorders (i.e. eating disorder, cutting): ☐ Yes ☐ No
If yes, Please explain:

How long have you been clean/Sober: _____

What is the longest you have gone substance free: _____
How many previous recovery attempts/relapses have you had:_____

Are you on any maintenance programs, and if so, which:

Have you ever lived in a home shared by other people: ☐ Yes ☐ No

Do you anticipate any problems with this: ☐ Yes ☐ No If yes, please explain:

What is your main goal currently:

Please list anything else you feel is relevant to this application:

I authorize the verification of the information provided on this form:

Signature: _____ Date: _____

Completed and save this application to your device.
Completed application can be emailed to:

Ami Danker, questions (918) 268-4382
ami.danker@creoks.org

or

Kristi Boydston
kristi.boydston@creoks.org

Spring River Recovery Homes by CREOKS Health Services