



Spirit Journey Recovery House

Program Application

Print Name:		Date of Birth	
		Month	Day Year
Tribal Affiliation:		Contact Phone (s): () ()	
Current Address (check if treatment facility) []			
City	State	Zip	Marital Status (Check One) [] Married [] Single [] Separated [] Divorced [] Other
Are you an alcoholic? [] Yes [] No	Date of your last drink:		When did you attend your first AA or NA meeting?
Are you addicted to drugs? [] Yes [] No	Date of last drug use:		How many AA/NA meetings do you now attend each week?
List the drugs you used addictively:		Do you want to stop drinking alcohol and using drugs? [] Yes [] No	
Are you employed? [] Yes [] No	Do you have any other income? [] Yes [] No		
If "yes" who is your employer?		If "yes" what is the income source?	
If you do not have a job will you get one? [] Yes [] No		What is your monthly income?	
If "yes" what plans to you have?		\$ _____/month	
Do you have a medical doctor? [] Yes [] No		What do you expect your monthly income to be next month?	
		\$ _____/month	

