



# 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?		Date of your last drink:		When did you attend your first AA or NA meeting?	
[ ] Yes    [ ] No					
Are you addicted to drugs?		Date of last drug use:		How many AA/NA meetings do you now attend each week?	
[ ] Yes    [ ] No					
List the drugs you used addictively:			Do you want to stop drinking alcohol and using drugs?		
			[ ] Yes    [ ] No		
Are you employed?			Do you have any other income?		
[ ] Yes    [ ] No			[ ] 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?			What is your monthly income?		
[ ] Yes    [ ] No					
If "yes" what plans to you have?			\$ _____/month		
Do you have a medical doctor?			What do you expect your monthly income to be next month?		
[ ] Yes    [ ] No					
			\$ _____/month		

