



# Elite Recovery

## Sober Housing Application

**Applicant**

**Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Referral**

**Source:** \_\_\_\_\_

**Requested Move-in**

**Date:** \_\_\_\_\_

**Last treatment location and**

**date:** \_\_\_\_\_

**Emergency**

**contact:** \_\_\_\_\_

**Drug(s) of Choice/**

**Abuse:** \_\_\_\_\_

**IV Drug Use: Y N How often:**

\_\_\_\_\_

**Last date of use of any**

**substances:** \_\_\_\_\_

**Medications (name and**

**dosage):** \_\_\_\_\_

**Do you have a consistent prescriber for medication listed above?** \_\_\_\_\_

**History of arrests/convictions of a sexual crime:** \_\_\_\_\_ **Y N Explain:**

**Legal**

**Issues:** \_\_\_\_\_

**Are you legally mandated to participate in programming:** Y N

**Location Preference:** 1177 Hague 818 Ashland

**Group time preference:** M, T, TH 9 am-12:30pm OR M, W, TH 5-8 pm

**INSURANCE INFORMATION**

**Insurance**

**Company:** \_\_\_\_\_

**Name of Policy**

**Holder:** \_\_\_\_\_

**Date of birth of policy**

**holder:** \_\_\_\_\_

**Address of policy**

**holder:** \_\_\_\_\_

**Policy ID/Member ID**

**#:** \_\_\_\_\_

**Policy Group**

**#:** \_\_\_\_\_

**CLIENT CREDIT CARD INFORMATION**

\_\_\_\_\_  
**Name on Credit Card**

\_\_\_\_\_  
**Credit Card Number**

\_\_\_\_\_  
**Expiration**

\_\_\_\_\_  
**Security Code**

\_\_\_\_\_  
**Billing Address, City, State, Zip code**

**FAX APPLICATION TO 651-305-4127**

**OR**

**EMAIL APPLICATION TO [brandie@eliterecoverymn.com](mailto:brandie@eliterecoverymn.com)**