

## **Bliss House Application**

211 E. Maple St. Jeffersonville, IN 47130 Office: 812-280-7533 Fax: 812-282-4622

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sobriety/Clean Date \_\_\_\_\_

Home Address \_\_\_\_\_ County \_\_\_\_\_

Former Address \_\_\_\_\_ County \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status S M D Cash on hand? \_\_\_\_\_

Previous Resident? YES NO If yes when? \_\_\_\_\_ Occupation \_\_\_\_\_

Hospitals or Institutions? \_\_\_\_\_ Dates-From/To: \_\_\_\_\_

Do you consider yourself an Alcoholic? YES NO Addict? YES NO

What is/was your Drug of Choice? \_\_\_\_\_ Other drugs used? \_\_\_\_\_

Are you presently on medication prescribed by a Physician? YES NO

List all prescribed and NOT prescribed medications. Include OTC, vitamins, herbs, etc \_\_\_\_\_  
\_\_\_\_\_

Have you ever been diagnosed (circle all that apply) Borderline, Dissociative, Depression, Bi-polar, Multiple personalities, Schizophrenic, other \_\_\_\_\_

When were you diagnosed with the above? \_\_\_\_\_

Do you see a therapist and/or psychiatrist regularly? YES NO Who? \_\_\_\_\_

Are you willing to accept any type of employment? YES NO

AA/NA contacts? YES NO If yes, who, when, where? \_\_\_\_\_

AA/NA sponsor? YES NO If yes who? \_\_\_\_\_

Are you on probation or parole? YES NO Where? \_\_\_\_\_

Lawyer \_\_\_\_\_ Phone \_\_\_\_\_

Probation officer \_\_\_\_\_ Phone \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Cell or home