

Bliss House Application

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

Date of Application

Cell Home

Name Phone Number Email Address

Age Sobriety/Clean Date

Home Address County

Former Address County

Marital Status (S/M/D) Cash on Hand

NO YES

Previous Resident? (If Yes, when?) Occupation

Hospitals or Institutions? Dates From/To

Do you consider yourself an Alcoholic? YES NO

Do you consider yourself an 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 over-the-counter (OTC), vitamins, herbs, etc.

Have you ever been diagnosed with any of the following? Check all that apply: Borderline, Dissociative, Depression, Bi-polar,
Multiple personalities, Schizophrenic, Other _____

NO YES

When were you diagnosed? Do you see a therapist and/or a psychiatrist regularly? If yes, who?

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

NO YES NO YES

AA/NA Contacts? If yes; who, when, where? AA/NA Sponsor? If yes, who?

NO YES

Are you on probation or parole? If yes, where? Probation Office Name and Telephone Number

Person to notify in an emergency Phone Relationship to you?

Signature