



Name: _____ Date of Birth: _____

SS # _____ Phone # & Cell #: _____

Select the Best Option: Permanent or Temporary Address (Write Below) Unhoused

Address: _____

Treatment Center Information: _____

How long have you been in treatment? _____

Insurance Information (Company): _____

Have you been sober from alcohol and drugs for longer than 30 days? _____

Do you consider yourself to be addicted to alcohol? Yes No

Have you ever considered yourself to be addicted to alcohol? Yes No If yes, when _____

Do you consider yourself to be addicted to drugs? Yes No

Have you ever considered yourself to be addicted to drugs? Yes No If yes, when _____

Do you have a mental health diagnosis? Yes No

If yes, what have you been diagnosed with and roughly when did you receive this diagnosis?

Mental Health Diagnosis	Year

Are you on a Civil Commitment for Mental Illness, Developmental Disabilities or Chemical Dependency? Please check yes or no: Yes No

Do you take prescription medications? (If yes, please list them)

What forms of income do you have?

Employment SSDI SSI Food Assistance (SNAP) Cash Assistance Other

Applicant Signature _____ Date _____

Send completed form to: sarahshouse@ruthshousemn.org

Fax: 507-334-2487 Attention Audrey Franklin