



Sarah's House

Sarah's House Application

Name: _____ Date of Birth: _____

SS # _____ Phone # & Cell #: _____

Permanent Street Address (Add Name if Treatment Facility):

Treatment Center Information: _____

What is your drug of Choice: _____

How long have been in treatment?

Insurance Information: _____

Did you like treatment? Why or why not?

Have you been in a psychiatric facility? For what? How many times?

How many treatments have you attended? How long at each?

Do you have a mental health
diagnosis?

If you attended multiple treatments, what did you do between
treatments?

Do you have a history of self-harm? (cutting, purging, eating disorder) _____

What will be different this time?

What have you done toward a solution?

Have you been in a 12-step program?

Are you an Alcoholic? (Yes or No) _____

Date of last drink? _____

Are you addicted to drugs? (Yes or No) _____

Date of last drug use? _____

How many AA/NA meetings do you attend per week? _____

List your weekly AA/NA meetings.

Do you have the desire to stay sober/clean? _____

Are you currently employed? (If yes please list employer)

Are you getting welfare/GA/or any other income?

If you do not have a job, what types of jobs would interest you? What do you like to do in your free time?

What is your monthly income now? _____

What do you expect your monthly income to be in the next month?

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Marital Status? (check one)

_____ Married _____ Single

_____ Separated _____ Divorced

Do you have an AA/NA sponsor? _____

Sponsor's Name: _____

Sponsor's Phone Number: _____

Do you take prescription drugs? (if yes list them)

What steps have you completed? Describe when & where?

Emergency Contact Information

List doctor, if you have one, and 2 family members. If you are asked to leave Sarah's House and do not have your own vehicle you MUST indicate you will be coming to pick up immediately.

Name & Address	Relationship	Phone Number
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1. _____

2. _____

3. _____

Applicant Signature _____ Date _____

Send completed form to: sarahshouse@ruthshousemn.org

Fax:
507-334-2487 Attention Meghan Sawicki

Staff Use Only

Accepted _____ Not Accepted _____ Move in date _____

Move out date _____

\$200.00 Sobriety Deposit Collected (Y / N) Date Received _____

(If an applicant cannot afford the \$200.00 sobriety fee the applicant and treatment facility need to speak with the Program Director about their personal situation.) Sobriety deposit will **ONLY** be given back to the applicant with successful completion of programing.

\$ 600.00 Bed Fee Collected (Y / N) Date Received _____