

APPLICATION FOR:
Recovery Transitional Housing Center
SAFE Haven, LLC

SAFE Haven, LLC is an equal opportunity transitional housing provider and does not discriminate against otherwise qualified applicants based on race, color, creed, religion, ancestry, age, sexual orientation, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Personal Email: _____ Phone _____

DOB _____ Social Security# _____

Emergency Contact: _____ Emergency Phone: _____

Single Married Divorced (Circle One) Do you have any children? ____ Yes

____ No List Names, Ages, Custody Status?

Probation Officer/Referral Source: _____

Phone # _____ Fax # _____

Email _____

You will need a recent TB skin Test to be admitted to the Program-Please Provide proof at intake assessment or with application.

Are you legally eligible for employment in the United States? ____ Yes ____ No

Do you have a driver's license? ____ Yes ____ No

Do you have any chronic health problems? ____ Yes ____ No; If yes please explain

Current Prescriptions must be included in the application. All applications are subject to an INspect report. Please bring all prescriptions to your intake interview.

Please list all medications here (Including purpose and dosage)

Prescribing Physician: _____ Phone number: _____

Signature of Applicant _____ Date: _____

This application for SAFE Haven, LLC is good for 30 days only. Consideration for the transitional housing program, after 30 days requires a new application.