GABRIEL'S HOUSE LODGER ADMISSION FORM

PERSONAL INFORMATION		
Name:		
Date of birth: *(must be 18 years old)*	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Drivers License or I.D.	Monthly payment or rent:	How long?

EMPLOYMENT INFORMATION (CURRENT PAYSTUB/OR PROOF OF INCOME REQUIRED)		
Current employer or source of income:		
Employer or source Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary *(Please circle)*	Monthly income:

EMERGENCY CONTACT		
Name of a relative or person:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:	Name of Physician:	Phone:

PROBATION, PAROLE OR SOCIAL WORKER INFORMATION (290 REGISTRATION _____)		
Name:	Position:	
Address:	city:	Phone:

VITAL INFORMATION		
How long clean and sober:	Are you in a 12 step program: Yes No *(Please circle) must be active in 12 step program*	
Program address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Sponsor:	Court Ordered: Yes No *(Please circle)*	How Often?

REFERENCES		
Name	Address	Phone

MEDICATION PRESCRIBED BY A PHYSICIAN USE EXTRA PAGE IF NEEDED			
Name	Dose:	Name	Dose:
Name	Dose:	Name	Dose:

SIGNATURES	
I authorize the verification of the information provided on this form as to my background and Employment. Any intentional omission or falsification of the above information will result in the denial of my right to Lodge at Gabriel's House.	
Signature of applicant:	Date:
Signature of House Manager: *(I have verified all above information)*	Date: