

Affordable Living Company – Intake Form

Please complete the following intake form truthfully and thoroughly. All information is kept confidential and used solely for the purpose of maintaining a safe, supportive environment for all residents.

Personal Information

Full Name: _____
Date of Birth: _____ Height: _____ Weight: _____
Phone Number: _____
Email Address: _____
Emergency Contact Name: _____
Emergency Contact Phone Number: _____

Identification & Legal

Do you have an identification card? ☐ Yes ☐ No

If yes, type: _____

If no, what can you use to identify yourself:

Have you ever been convicted of arson? ☐ Yes ☐ No

Are you required to register as a sex offender? ☐ Yes ☐ No

Have you ever been convicted of a child abuse-related offense? ☐ Yes ☐ No

Verified against FamilyWatchdog registry: ☐ Yes ☐ No (completed by staff)

Medical Information

Allergies (medication, food, environmental):

Current Medications (list all medications brought in upon admission):

1. _____
2. _____
3. _____
4. _____
5. _____

Do you have any functional impairments or disabilities that could affect your comfort in the home? ☐ Yes ☐ No

- If yes, please explain:

Do you have any mobility issues (e.g., difficulty using stairs)? ☐ Yes ☐ No

- If yes, please describe:

Are you comfortable sleeping on a top bunk if needed? ☐ Yes ☐ No

Mental Health History

History of self-harm: ☐ Yes ☐ No

- If yes, please explain:

History of suicidal ideation: ☐ Yes ☐ No

- If yes, please explain:

Any current suicidal thoughts, plans, means, or intention to harm self? ☐ Yes ☐ No

- If yes, please describe:

Recovery Information

Sobriety Date: _____

Longest Period of Sobriety: _____

How did you stay sober:

Why are you seeking to move into a sober living home?

Previous Recovery Residences Attended (if any):

Admission Status

Approved for Admission: ☐ Yes ☐ No

Signature & Acknowledgment

By signing below, I affirm that the information provided is true and accurate to the best of my knowledge. I understand that false information may result in termination of residency.

Resident Signature (if applicable): _____ Date: _____

Staff Intake Completed By: _____ Date: _____

* For office use only. Place completed forms in the resident's confidential file. *