

Approved Intake Entry Date:

Application Date:

Please Complete the following information. Print all answers clearly.

Name Date of Birth Month/Day/Year

Address

City State Zip Code

Home Phone Cell Phone

Work Phone

Marital Status-Please Circle all that apply

Single Separated Widowed
Married Divorced

Are You an Alcoholic? Date of last drink Are you addicted to drugs? Date of last drug use

Are you employed? If yes, who is your employer?

If you do not have a job, will you get one? If yes, how will you get one?

Are you getting welfare or other non job-related income? If yes, what is it?

What is your income each month? What do you expect your income to be next month?

Do you have a medical doctor?

If yes, list the doctor's name and phone number

Do you take prescription drugs? If yes, list the drugs and the reason the drug has been prescribed.

Emergency Contact(s) To be used for medical crisis or unplanned exit from Noah's House Inc.

Name	Telephone	Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you on Probation ? Officers/Agent Name:

Are you on Parole? Officers Number:

Are you a registered sex offender?

What is your requested move in date?

Why is this the date you requested?

Have you ever previously enrolled in a Noah's House Inc., Recovery Program?

Social Security Which State Issued the License

Driver's License Driver's License Exp.

Program clients of Noah's House Inc. are immediately responsible for non-refundable payment fees which include:

- Admission fee of \$320/Men, \$350/Women including: two-week room/board fee and processing fee

Additionally, clients are responsible for weekly room and board fees of \$135/men and \$150/women (may be increased at the discretion of Noah's House Inc.) Per Week or Weekly

- Program clients do not have a lease or rental agreement and therefore do not have access to due process through standard landlord-tenant laws
- After entering Noah's House Inc. scenarios may exist where you do not physically reside in Noah's House or Gracie's Place for a limited period of time such as hospitalization etc. If a scenario arises where you ask Noah's House to hold your bed during this period of time you are responsible for the room and board fees during the bed hold. At \$135 Weekly Men / \$150 Weekly Women.

Executive Director or Staff may accept, deny, or remove clients at any time at their sole discretion

PLEASE INITIAL EACH LINE BELOW AND SIGN

_____ I agree that a Criminal Background check will be run (this does not disqualify applicant)

_____ I agree to remain Clean and Sober from all mind-altering substances

_____ I agree to not violate the law

_____ I agree to follow all Rules and Policies identified in Noah's House Inc. Program Guide and to Respect Noah's House Inc staff at all times.

_____ I agree to stay current with all financial obligations to Noah's House Inc. and all court ordered judgments

Client Signature: _____ Date: _____