

## Transitions Application for Residency

Name (last, first, middle)

Birth date

Age

SS #

Phone

Marital Status

Most recent address

Street

City

State

Zip

Name, address and phone # of two persons as emergency contacts

1. \_\_\_\_\_

2. \_\_\_\_\_

How many treatment centers have you attended? \_\_\_\_\_

Drugs used in the past 3 years: \_\_\_\_\_

Prescription medications? \_\_\_\_\_

Date of your last drink/drug? \_\_\_\_\_

Do you have a valid TN driver's license or ID? \_\_\_\_\_

If yes, please give DL or ID #: \_\_\_\_\_

Employer name & #: \_\_\_\_\_

SSI or Disability? \_\_\_\_\_ Amount: \_\_\_\_\_

Do you have a high school diploma or GED? \_\_\_\_\_

Are you currently on probation or parole? \_\_\_\_\_

If yes, name & phone #: \_\_\_\_\_

Address & Fax #: \_\_\_\_\_

***Transitions Housing is a ZERO tolerance house. If any member of the house uses drugs or alcohol, they will be asked to leave immediately. No refunds of any program fees including any paid in advance will be given to anyone who is asked to leave due to drug use or noncompliance of this program in any way. Disruptive behavior, violence, threats of violence, breaking house rules, or non-payment of program fees can also be cause for expulsion. We reserve the right to perform random drug screens without notice.***

**I have read and understand all of these items listed above, along with all house rules and regulations. I understand that if accepted at Transitions Housing, I am fully subject to all rules of the house. I also understand that no money will be refunded to me if I am required to leave. If I plan to leave voluntarily, I am required to give one week's notice and be current with all rent and be discharged in good terms. By signing below I am stating that I have read, understand and have answered truthfully all the information contained within.**

\_\_\_\_\_  
Resident signature

\_\_\_\_\_  
Date