**Sonshine House Application**

Full name:

Maiden Name:

Aliases:

Date of Birth:

Driver’s License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address:

Phone Number:

Marital Status:

Gender: (on birth certificate)

Religious preferences:

Employer:

Please list any illnesses, diseases, or disorders you have:

Please list any medications whether prescribed or over-the-counter that you are taking:

Do you have any disabilities?

Have you ever been charges or convicted of any sexual charges?

Do you have any felony charges?

Are you on probation or parole?

Do you have any warrants?

Are you in drug court?

Was sober living court ordered as a requirement or a program or is it voluntary?

Every month you will sit down with a member of the Sonshine House Leadership Team to discuss your goals and evaluate your progress towards goals that you have set. We want to see you thriving and succeeding in life! Circle any of the following that you do not have yet or need help obtaining.

High School diploma or GED

Drivers License

ID

Social security card

Payment plan on fines

Current on Child support

Enrolled in College or GED classes

Vehicle

Checking account

Savings account

Health and dental insurance

Other: