



(337) 806-0504
805 ST. LOUIS STREET LAFAYETTE, LA
ACADIANANEEDS.ORG/SOBERLIVING

RESIDENCY APPLICATION

DATE: ____ / ____ / _____

SSN: ____ - ____ - _____ EMAIL ADDRESS: _____

NAME: _____ TELEPHONE: (____) ____ - _____

PRESENT ADDRESS: _____

CITY _____ STATE: _____ ZIP _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

DRIVER'S LICENSE OR ID NUMBER: _____ STATE: _____

VALID LICENSE: YES NO

MARITAL STATUS: _____ CHILD SUPPORT PAYMENT: _____

ARE YOU ABLE & WILLING TO WORK TO PAY FOR THE PROGRAM RESIDENCY FEES? YES NO

PHYSICAL CONDITIONS OR DISABILITY: _____

EMPLOYER: _____ TELEPHONE: (____) ____ - _____

HOW LONG EMPLOYED: _____ SALARY: \$ _____ PER _____

OTHER INCOME (EXPLAIN): _____

MONTHLY EXPENSES: _____

SOURCE OF WEEKLY PAYMENT: _____

VEHICLE MAKE AND MODEL: _____ TAG NUMBER: _____

INSURANCE POLICY HOLDER: _____ POLICY NUMBER: _____

LOCAL PHYSICIAN: _____ TELEPHONE: (____) ____ - _____

DRUG OF CHOICE: _____

CLEAN DATE: _____ SPONSOR: _____ TELEPHONE: (____) ____ - _____

CURRENT MEDICATIONS TAKEN (PLEASE EXPLAIN WHY): _____

PROBATION/PAROLE OFFICER: _____ TELEPHONE: (____) ____ - _____

LIST ALL CURRENT CHARGES AND PAST CONVICTIONS INCLUDING SEXUAL OFFENDERS ACT
