(337) 806-0504
1401 S Fieldspan Rd. Duson, LA
Acadiananeeds.org/LLH

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 OFFENDER'S ACT

_____

_____