

The Lilly Pad of St Augustine Housing Application

Basic Information

Full Name _____ DOB _____

Street Address _____

Apt/Suite # _____ City _____ State _____ Zip _____

Primary Phone # _____ Email Address _____

Emergency Contact

Full Name _____ Relationship _____

Street Address _____

Apt/Suite # _____ City _____ State _____ Zip _____

Primary Phone # _____ Email Address _____

Drug & Alcohol History

Primary Substance of Choice _____ Date Last Used _____

Frequency of Use _____ Months/Years of Use _____

Secondary Substance of Choice _____ Date Last Used _____

Frequency of Use _____ Months/Years of Use _____

Are any Family Members in Active Addiction or Recovery From _____

If Yes, Please Explain _____

Additional Comments _____

Psych & Medical History

List Allergies _____ Currently Taking Medications _____

Prescribing Physician _____

List Current Medications _____

Are You Currently in Treatment _____ Facility Name _____

List Prior Substance Abuse Facilities Attended _____

May we Contact Your Current or Prior Facilities _____

If Not, Explain Why _____

Have You Ever Been Treated for Psychiatric/Mental Health Conditions _____

If Yes, Please Provide Dates and Explanation _____

Current Height _____ Current Weight _____ Weight Last Year _____

Do You Believe That You Have an Eating Disorder _____

Do You Have History of Binging/Purging or Laxative/Diuretic Abuse _____

If Yes, Please Explain _____

Have You Ever Been Treated For Eating Disorder _____

If Yes, Please Provide Dates & Locations _____

Current Treatment Center (If Applicable)

Name of Current Facility _____ Expected DC Date _____

Therapist's Name _____

Therapist's Telephone # _____ Therapist's Email _____

Education & Employment

Highest Level of Education Completed _____

Name of Institution _____

Are You Currently Employed _____

If Yes, Please Explain _____

List Any Vocational Skills _____

Legal Obligations

Do You Have Any Past Legal Issues _____

If Yes, Please List Convictions and Dates _____

Do You Have Any Current Legal Obligations _____

If Yes, Please Explain (Include Court Dates and Requirements) _____

Insurance Information

Insurance Provider _____ Insurance Phone # _____

Insurance ID # _____ Insurance Group # _____

Primary Insured Name _____ Relationship to Self _____