

**NELA Supportive Communities
Residential Membership Application**

Full Legal Name: _____ Date of Birth: _____

Gender: Male Female I do not identify as the gender assigned at birth

Email: _____ Phone: _____

Address: _____ Is this a treatment center? Yes No

Most Recent Treatment Facility Name: _____

Treatment Dates: _____ Phone: _____

Counselor Name: _____ Phone: _____

Employer: _____ Phone: _____

Are you able to work? Yes No List all sources of income: _____

List substance(s) you have abused and dates of last use: _____

List any medical issues and current medications: _____

Spouse Name & Phone: _____

Emergency Contact & Phone: _____

Nearest Relative & Phone: _____

Doctor Name & Phone: _____

Are you a registered sex offender? [] Yes [] No

Are you on: [] Probation [] Parole

List any pending charges: _____

List any prior convictions: _____

Probation/Parole Officer: _____ Phone: _____

Do you own a car? [] Yes [] No

Is it legally registered in your name? [] Yes [] No

Do you have car insurance? [] Yes [] No Make/Model/Color: _____

Do you have a valid driver's license? [] Yes [] No

Driver's License Number and State: _____

Do you prefer a shared or private room? [] Shared Room (\$150 per week) [] Private Room (\$300 per week)

How did you hear about us? _____

Other details we should know: _____

I attest that all information submitted is true and complete to the best of my knowledge.

Signature: _____ Date: _____