www.commonrecovery.org

Peer Project Application

Inmate #

Full Name

ruii Naiile			IIIIIate #
DOB Gender	Gender		Ethnicity
SS# Phone	Phone		Date
Current address			How long
Current Charges			Release Date
Registered Sex Offender?			Date of last offence
Closest living relative			Relationship
Address			Phone
Do you have a valid driver's license?	DL#		State
Do you have valid ID?	ID#		State
Do you have reliable transportation?	Year, Make & Model		
Are you able to pay the entry fee of \$320?			
Fuer les une eust etectue	Franks, c		
Employment status	Employer Source		Amaunt
Do you have a fixed income?			Amount
Do you receive any government aid?	Type		Amount
Explain your reason for seeking services			
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Are you an alcoholic?	Are you a drug addict?		Drug of choice
Ever sought treatment?	Where		When
Can you pass a drug / alcohol screen?	Date of last use		Substance of last use
Longest length of sobriety	Reason for relapse		
Are you taking any medication?	What		How long
Ever been diagnosed with mental disorder?			
Are you willing to :		Are you able to:	
Follow instructions?	Find / maintain em		mployment?
Be completely honest?	Participate in group settings		up settings?
Live with others?	Get around / care for yourself?		
Emergency contact	Address		Phone
Signatura			Data
Signature			Date