



# RESIDENT INTERVIEW

## APPLICANT INFORMATION

Date:	Current Location:		
Name:			
Date of Birth:	SSN:	Phone:	
Most Recent Address:			
City:	State:	ZIP Code:	
Email Address:			

## SUBSTANCE INFORMATION

Current Prescribed Medicines:		
Current Illegal Drug(s) Using:		
Substance History (past substance abuse):	Date of Last use:	Have you been through detox: Where:
Previous Recovery Centers:		

## MEDICAL INFORMATION

Do you have any medical Conditions?		
Are you physically able to work:	What do you do:	Do you have any limitations?

## CRIMINAL INFORMATION

On Probation:	For What:	Probation Officer: Contact No.:
Pending Legal Cases:		
Are you a sexual offender?		

## EDUCATION

Last Grade Completed:	Last School Attended:
-----------------------	-----------------------

## EMERGENCY CONTACT

Name of a Relative or Friend:		
Address:	Phone:	
City:	State:	ZIP Code:
Email:	Relationship:	

## SPOUSE INFORMATION

Name:	
Address:	Phone:
Children's Names:	

## EBT (FOOD STAMPS)

Do you have an active EBT (Food Stamp) Card:	With What State: Date for renewal:
--	---------------------------------------

## ADDITIONAL CONTACT INFO

Name	City, State:	Phone	Email:
------	--------------	-------	--------

## SIGNATURE

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as a resident, any false statements, omissions, or other misrepresentations made by me on this application may result in my dismissal. I understand that BCRC is not a medical facility and does not employ a medical staff.

Signature:	Date:
------------	-------