



# Resident Application

## General Information

Name:		Date:	SS #
DOB:	Phone #:	Secondary #:	
Current Living Situation:		Street Address:	City:
State:	Zip Code:	County:	

## Substance Information

Current substance(s) used:	Date of last use:
Past substance(s) used:	Have you been through detox? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous recovery centers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which one(s)?
<b>(BCRC is not a medical facility therefore every resident must be successfully detoxed before admission to the program. Every prospective resident is asked to submit to a drug and alcohol test immediately prior to their admission.)</b>	

## Health Information

How would you describe your physical health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Date of last doctor visit?
Do you have any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Prescribed Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which one(s)?
Physically able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last job(s)?
Any Physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
<b>(BCRC is not a medical facility and does not employ a medical staff. This means that you may not be accepted as a resident if you are not healthy enough to participate in all aspects of the program or require regular doctor visits)</b>	

## Education

Last grade completed:	Can you read? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you write? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Legal Information

On probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what for?	How long left?
PO Name:	Number:	County:
Can you legally leave the state? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(BCRC program residents participate in fundraiser trips that are sometimes outside of NC. This means that you may not be accepted as a resident if you cannot leave the state)</b>	
Pending court dates: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what for?	Next court date:
Do you have a lawyer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Phone #:
Are you a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(Due to BCRC's zoning we are unable to accept convicted sexual offenders)</b>	
Do you have a valid ID: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	With what state?

## Family Information

Marital Status:	Wife's Name:	Phone #:
Children? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	Ages?
Do you pay court ordered child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(Residents of BCRC do not have any income during the 90-day program. This means that arrangement must be made for any financial obligation prior to admittance.)</b>	

## Additional comments

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