



ATISHWIN INSTITUTE

937 SOUTH BLUFFVIEW
WICHITA, KANSAS 67218

Phone: 316.681-2533
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Sober Living Home Tenant Application

Date: _____

Requested Move-in Date: _____

Name: _____ Date of Birth: _____

Drivers License: _____ STATE: _____

Phone #: _____ EMAIL: _____

Emergency Contact: _____ Relationship: _____

Address: _____

Contact Phone # : _____

MEDICAL INFORMATION

How long have you been sober? _____ Sobriety Date: _____

Longest period of Sobriety (Lifetime) _____ When?: _____

Drug(s) of Choice: _____

Which, 12 step meetings do you attend? (AA, NA, CA, etc): _____

Sponsor Name and Phone #: _____

List medical conditions: _____

List prescription medications: _____

RESIDENT INFORMATION (Please circle Y or N for the following questions)

Have you ever been involved in treatment? Y / N How many treatments in your lifetime? _____

If yes, names and dates of lifetime treatments:

Are you involved in any legal action? Y / N If "Yes" please explain:

Are you required to register as a sex offender? Y / N

Have you ever been convicted of a felony? Y / N How many? ____ DUI? Y / N How many?

Do you have any pending legal matters? Y / N If yes what cases are pending?

Are you on probation / parole / community corrections? If yes, with whom? _____

Are you employed? Y / N

Where: _____

Work Schedule?

Source of income: _____ Salary (Weekly/Monthly): _____

Atishwin's Sober Living House is an adult communal living environment for people with the common goal to achieve long-term sobriety. All tenants of Atishwin Sober Living Home are members of our Sober Living Home. I further state that I am aware of all the rules and regulations set forth by Atishwin Sober Living Home and I agree to abide by those rules and regulations as a tenant in The Sober Living Home.

Signature of Tenant Applicant: _____ Date: _____

Signature Agent / Owner _____ DATE: _____