



ATISHWIN INSTITUTE

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Phone: 316.681-2533
Atishwin.com

SOBER LIVING HOME APPLICATION

Date: _____

Move-in Date: _____

Name: _____ DOB: _____

Address: _____

Phone Number: _____

EMAIL: _____

Emergency Contact: _____

Relationship & Phone Number: _____

Do you have a valid Driver's License: YES / NO if Yes are you insured? _____

EMPLOYMENT:

Place of Employment _____

Type of Work _____

Supervisor Name / Phone Number _____

Work Schedule _____

Source of Income _____ Salary _____

MEDICAL INFORMATION

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

Longest period of Sobriety (Lifetime) _____ When: _____

Drug(s) of Choice:

What Drug do you consider you are most addicted to _____

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

Do you have a Sponsor in a Twelve Step Program YES / NO

Have you ever completed the 12 Steps? _____

MEDICAL CONDITIONS/PRESCRIPTION MEDICATIONS:

How many treatments have you had for alcohol or drug abuse? _____
List Treatment you have had / Outpatient or Inpatient and prior Sober Living

LEGAL HISTORY

How many convictions have you had? _____
How many of those convictions were alcohol/drug related _____
List Prior Convictions

Do You have any Pending Legal Cases? YES/NO _____
If Yes / Explain your current pending case(s)

Are you on Probation/Corrections/Drug Court/Parole? YES / NO
If Yes - What are you on probation for? _____
Who is your correction officer: _____
Have you ever had a DUI? YES/NO if Yes, How Many DUI Convictions _____
Are you required to register as a Sex Offender? YES / NO
Are you required to register as a Violent Offender? YES / NO
Have you ever committed or been convicted of Arsen? YES / NO

Atishwin's Sober Living House is an adult communal living environment for people with the common goal to achieve long-term sobriety. 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 resident in The Sober Living Home.

SIGNATURE _____ DATE _____

SIGNATURE OWNER _____ DATE _____

