

The HERO House
Higher Education Recovery Option

Application

Name: _____

Address: _____

Phone: (Home) _____ (Cell): _____

Email Address: _____

Birthday: _____ Sobriety Date: _____

Parent's Names: (F) _____ (M) _____

Parent's Address: (if different from above) _____

Parent's Cell #: (F) _____ (M) _____

Parent's Occupation: (F) _____ (M) _____

Siblings: (with ages) _____

Emergency Contact: Name _____ Phone _____

Relationship: _____

College: _____

Academic Year: _____ Major: _____

Educational Goals: _____

Career Goals: _____

Treatment history: (include dates of treatment for individual or group counseling, outpatient, inpatient, or any other types of treatment you have received) _____

Prior attempts at becoming and staying sober: (if so, how long sober)

Family history of addiction: (Y or N) _____

If yes, relation and an "r" if in recovery: _____

Are you on any medications?: (if so, list them here along with reason they are being prescribed and who the prescribing physician is)

What do you like to do for fun?: _____

What do you do to relax?: _____

On a 0-5 scale with 0 being "not at all" and 5 being "all the time", how would you rate the following?

I like being a student ___ I like the sobriety concept ___
I feel comfortable being sober ___ It will be easy for me to stay sober ___
I am a social person ___ I like to isolate ___ My family is a part of my support system ___ I get along well with others ___ I have friends who will support my recovery ___ I like who I am ___ I like to be active ___
I feel comfortable dealing with my feelings ___ I will do anything it takes to stay sober ___ I like 12 step meetings ___

*On a separate sheet of paper please give a brief drug use history.
(No more than 250 words)