



Luna Sober Living Application

Print Name (First, Middle, Last): _____ Date of Birth: _____

Address: _____

Phone number: _____ Email: _____

Emergency Contact

Name: _____

Relation: _____ Phone Number: _____

Address: _____

Identification

Social Security Number: _____ - _____ - _____

Driver License State: _____ Drivers License Number: _____

Insurance

Insured Name: _____ Relation to Resident: _____

Insurance company: _____

ID Number: _____ Group Number: _____

General Questions

How did you hear about Luna Recovery Sober Living?

How long have you been sober?

Are you coming from a residential treatment program? If yes which one?

How long was your Length of Stay?

What substances were you seeking help from?

Will you have transportation?

Have you been charged with any violent, domestic violence, or sex crimes? If so, when and what was the nature of the crime?

Are you currently on probation or parole? If yes, please provide the county, city, and state that you are on probation or parole in.

Are you currently taking any medications? If so, what medications are you currently on?

Will you be attending IOP? What is the name of the IOP you will be attending?

What is your motivation to stay sober and to come to sober living?