

**Application for Recovery Residence
Recovery Centers of Arkansas**

Name _____ Telephone # _____

E-mail _____ Cell # _____

Date completed: _____ Date received: _____

Completion of following forms:

- Information Form
- Rent Agreement Form
- Screening Form/Patient Placement Criteria (if applicable _____)
- Physician Acknowledgement of Addiction & Medication Audit Form (if applicable _____)

Substance Abuse Treatment Information:

Substance Abuse Treating Program: _____

Case Manager: _____ Phone: _____

Reason for requesting housing in RCA's Recovery Residence: _____

Criminal Background Information:

List all arrests, convictions and incarcerations within the last 5 years:

Financial Information:

Are you employed? _____ If yes, when are you paid? _____ How much _____

If not employed, do you plan to seek employment? _____ When _____ Where _____

If employed, what hours/days do you work: _____

Do you receive a check from the VA? _____ SSI? _____ If yes, what is the amount? _____

Have you ever lived in RCA's Chemical Free housing? _____

After review of Admission Criteria this person is:

- Approved,
Move in date _____
Location/Room assignment _____
- Denied, reason _____

Recovery Residence Coordinator/Date

Treatment Access Manager/Date