

Synergy Sober Living Home

6069 Pickford Pl Los Angeles, Ca 90035

Tel: (310)863-3099. Fax: (323) 933-5489

INTAKE APPLICATION FORM

INTAKE FORM ID# _____ House: Synergy Sober House

PLEASE PRINT

Name: _____

Street: _____

City: _____

State: _____ Zip: _____

S. S. #: _____ - _____ - _____ Birth Date: ____/____/____

Cell #: _____ - _____ - _____ Home #: _____ - _____ - _____

Who to call incase of Emergency:

Name: _____ relation: _____ Tel: _____ - _____ - _____

Name: _____ relation: _____ Tel: _____ - _____ - _____

Veteran: ____ Branch: _____ Probation / Parole: _____ Location: _____

PO's Name: _____

PO's Phone #: _____ - _____ - _____

I'm taking the following medication(s): _____

Drug(s) of Choice: _____

Date of last Use? _____

Referred By: _____ Entry Date: ____/____/____

Lived at Synergy Sober Living Home before? _____

When / Where? _____

CONDITIONS OF ENTRY:

BY MY SIGNATURE BELOW, I AGREE WITH THE ABOVE CONDITIONS:

SIGNATURE: _____ Date: ____/____/____