TD TRANSITIONAL SERVICES LLC

RESIDENTIAL APPLICATION FOR ADMITTANCE

Instructions and Policies

If you are incarcerated or it is not possible for you to phone TD Transitional Services LLC, please forward your application via mail or email it to **transitionaltd@gmail.com**. It is your responsibility to follow up with your application to verify acceptance.

If you are accepted and placed on our waiting list and want to remain on our waiting list, please call daily after 4pm to demonstrate your willingness to participate in your own recovery. If incarcerated, please call or write once per week. If the phone is not answered, please leave a voicemail message.

Please also sign and complete the attached **Consent Form** and **Criminal History Check Form**. All 6 pages must be submitted.

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1. Personal Information

- **Full Legal Name:** _____
- **Social Security Number (S.S.N.):** _____ - ____ - _____
- **Date of Birth:** _____
- **Reason for Application:**
  _____
- **Home Phone:** _____ **Cell Phone:** _____ **Work Phone:** _____
- **Home Address:**
  _____
  _____
- **City, State, Zip Code:**
  _____

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2. Biological & Step Family History

- **Father's Name:** _____
- **Mother's Name:**_____
- **Step/Foster Parent(s) Name(s):**
  _____
- **Are your parents still living?**
  _____
- **Number of Siblings:** _____ siblings / _____ step-siblings
- **Birth Order:** [ ] Oldest [ ] Middle [ ] Youngest child

- **How would you describe your relationship with your family members?**

- **Who in your family uses drugs and/or alcohol?**

- **History of abuse in the family (physical, emotional, or sexual):**

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3. Current Family Status

- **Marital Status:** [ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widow
- **Spouse's Name:** _____
- **Children (Names and Ages):**
  _____
- **In a few sentences, describe how you believe substance use has affected you and your family life:**

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4. Educational and Employment History

- **Last Grade Completed:** _____ **Credentials:** [ ] High School Diploma [ ] GED
- **Current Employer:** _____ **Phone:** _____
- **Title or Occupation:** _____
- **Work Schedule:** [ ] Day Shift [ ] Evening Shift [ ] Night Shift [ ] Swing Shift
- **Are you receiving assistance?** [ ] Disability [ ] SSI [ ] Retirement/Pension

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5. Financial History

- **Do you have a budget?** [ ] Yes [ ] No **Do you want one?** [ ] Yes [ ] No
- **Current financial obligations or debts:**
  1. _____ 2. _____
- **Financial Assets/Income Streams:**
  _____

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6. Addiction History

- **What is your longest period of abstinence?** _____
- **List substances used both past and present:**

- **List all current medications (over-the-counter and prescribed):**
  _____
- **Date of last substance use:**
  _____
- **Earliest memory of substance use and the circumstances surrounding it:**
  _____
- **Previous treatment history (facilities and dates):**
  _____
- **Experience with support groups (AA/NA):**
  _____
- **List 3 reasons for seeking admittance to TD Transitional Services LLC:**
  1. _____
  2. _____
  3. _____
- **Who will support you in your recovery journey?**
  _____

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7. Legal History

- **List all felony and misdemeanor charges and arrests:**
  _____
- **Are you court-ordered, or on probation/parole?** [ ] Yes [ ] No
- **Probation/Parole Officer Name & Phone Number:**
  _____
- **History of violent or sexual offenses:**
  _____

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8. Physical and Mental Health

- **Family Doctor Name/Clinic:**
  _____
- **List any current medical conditions:**
  _____
- **History of mental health diagnoses or treatment:**
  _____
- **Current or past counseling/therapy experience:**
  _____

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9. Spiritual and Psychosocial History

- **Religious/Spiritual background and beliefs:**
  _____
- **How do you feel about authority figures and current life pressures?**
  _____

10. Emergency Contact

- **Name:** _____ **Relationship:** _____
- **Home Phone:** _____ **Cell/Other:** _____
- **Address:** _____ _____

11. Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are complete and true. I understand that if I am accepted, I must read the rules of TD Transitional Services LLC and agree to those entrance conditions. I also agree to submit to drug/alcohol screenings or tests anytime requested. All expenses owed to TD Transitional Services LLC must be paid on time. I will hold TD Transitional Services LLC free from all liability for fire, theft, or personal injury while a resident. Any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

- **Print Name:** _____
- **Signature:** _____
- **Date:** _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. All State and Federal Fair Housing Policies apply.

Please submit all pages to TD Transitional Services LLC after signing. Thank you.

OFFICE USE ONLY

- **Admittance:** [ ] Approved [ ] Denied **Date:** _____ **By:** _____
- **Graduation Date:** _____ **Sponsor:** _____
- **Departure Date:** _____ **Reason for Departure:** _____