Phone Interview
Required Contact:
Matthew Allison
(865)789-8773

New Opportunities

Sober Living Program

Application Form

Date of Application:_____

Name: _____

Address: _____

_____ Phone: _____

Date of birth: _____ Marital status: _____ Gender: _____

SS#:_____ ID/Driver's license #:_____

Height: _____ Weight:_____ Hair:_____ Eyes:_____

Employer name: _____ Phone: _____

Address: _____

Drug of choice: _____

Date last used: _____ Method: _____

Last incarceration charge, date, and length: _____

_____

Emergency Contact: _____ Phone: _____

Address of emergency contact: _____

Known illnesses or disease: _____

Current medications and what they are for: _____

_____

Known allergies (include medication):_____

_____

We are not handicapped accessible and do not accept anyone on narcotics