



RAD: Rising Above Disease Application for Residency
Please fill out and bring to your interview

We do not discriminate on the basis of age, gender, creed, ethnicity, religion, marital status or sexual orientation.

Date of Application: _____

Name: _____

Address: _____

Phone: _____

Emergency Contact: _____

Why do you want to live at RAD?:

Drug(s) of choice: Age of first use How did you use it?

1. _____

2. _____

3. _____

4. _____

Other addictive patterns: Circle all that apply

Food Weight Money Relationships Gambling Work

Current Legal Status: _____

Last offense: _____

If incarcerated: Expected Release Date _____

Pending Charges: _____

Court Dates: _____

Probation Officer: _____

County: _____

Financial Status: _____

Employment: _____

Other Income: _____

Medical/Physical Status: _____

Current Medical problems or needs: _____

Allergies: _____

Medications and what it is for: _____

Health Care Provider: _____

Prior Treatments: (List all substance abuse treatments and dates)

List any other mental health treatment or counseling:

Describe your experience with 12 step programs:

Do you go to meetings now? _____

How many a week? _____

Do you have a sponsor? _____

Describe that relationship:

I have completed this application honestly and to the best of my ability. I understand that if I am admitted to the RAD House, I need to have one month supply of any prescription medications that I am taking, as well as a pharmacy label on each prescription container.

Applicant's Signature:

Bring to your interview or mail to RAD House c/o Bonnie Scott 29242 W.
Kennedy St. Easton, MD 21601

Use this space to tell us anything else you'd like us to know: