CIVARA RECOVERY

APPLICANT ASSESSMENT SCREENING FORM

Applicant Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Phone Number:** _____
- **Email:** _____
- **Referral Source:** ☐ Self ☐ Treatment Center ☐ Probation/Court ☐ Other: _____

Primary Substance(s) of Choice: _____
Length of Current Sobriety: _____

- Currently on probation/parole? ☐ Yes ☐ No
- Pending court cases or legal obligations? ☐ Yes ☐ No
- Required reporting (probation, court, agency)? ☐ Yes ☐ No
- History of violence or aggressive behavior? ☐ Yes ☐ No
- Arson-related offenses? ☐ Yes ☐ No
- Sex offense requiring registration? ☐ Yes ☐ No

- Difficulty respecting boundaries or authority? ☐ Yes ☐ No
- Actively pursuing recovery? ☐ Yes ☐ No
- Willing to follow house rules and structure? ☐ Yes ☐ No
- Open to accountability and feedback? ☐ Yes ☐ No
- Has participated in sober living or treatment previously? ☐ Yes ☐ No

- Current Status: ☐ Employed ☐ Seeking Employment ☐ School ☐ Other
- Reliable Transportation? ☐ Yes ☐ No
- Willing to participate in chores, meetings, and curfews? ☐ Yes ☐ No

Briefly describe your recovery goals:

_____

_____

What would you do if you knew a roommate was using drugs or alcohol?

_____

_____

Applicant Acknowledgment

I understand that Civara Recovery is a sober living environment that requires honesty, accountability, and adherence to house rules. I certify that the information provided is true and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____

Staff Screening Determination (Office Use Only)

☐ Approved ☐ Approved with Conditions ☐ Not Approved

Notes / Conditions:

_____

Staff Name & Signature: _____

Date: _____