



**threshold**  
recovery

## Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. At what facility are you currently being treated? \_\_\_\_\_
2. Case Manager/Discharge planner name and number. \_\_\_\_\_
3. What is your discharge date? \_\_\_\_\_
4. When & where have you been treated for substance abuse in the past? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Have you ever lived in a recovery residence? \_\_\_\_\_
6. What is the longest length of sobriety you have had? \_\_\_\_\_
7. From what city and state will you be moving? \_\_\_\_\_
8. Please check all valid forms of identification you have in your possession.
  - ( ) Driver's License (active/inactive)
  - ( ) Social Security Card
  - ( ) Birth Certificate
9. Primary substance of choice \_\_\_\_\_
  - Date of last use \_\_\_\_\_
10. Secondary substance of choice \_\_\_\_\_
  - Date of last use \_\_\_\_\_
11. Will you be attending outpatient rehab (IOP)? If so, at which facility will you be attending?  
\_\_\_\_\_
12. How many times have you attended inpatient rehab? \_\_\_\_\_ Outpatient Rehab? \_\_\_\_\_
13. Are you seeking residence at Threshold Recovery on your own volition, or is this residency recommendation being forced upon you? \_\_\_\_\_
14. Have you worked a 12-step program in the past? If so, upon which step did you relapse?  
\_\_\_\_\_
15. Do you have any pre-existing mental, emotional, and/or physical conditions? If yes please explain:  
\_\_\_\_\_  
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16. List all medications you are currently taking:

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17. Do you have a vehicle? \_\_\_\_\_ Is it in legal operational standards? (insurance, current registration) \_\_\_\_\_

18. Do you have any pending charges, court dates, or outstanding warrants? If so, please explain:  
\_\_\_\_\_

19. Do you have any children? \_\_\_\_\_ How many: \_\_\_\_\_ Ages: \_\_\_\_\_

20. Will you need to apply for food stamps or renew any forms of identification? \_\_\_\_\_

- If so please explain:

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21. What is your motivation for seeking recovery residency?

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22. What is your expected length of stay at Threshold Recovery? \_\_\_\_\_

23. Who will be covering the costs of your lease at Threshold Recovery, you or someone else?

- Payor contact name \_\_\_\_\_
- Payor contact number \_\_\_\_\_

My signature below confirms my understanding and agreement to the following terms:

- I must be fully detoxed and able to pass a drug screen & breathalyzer upon my arrival to Threshold Recovery.
- I agree to abstain from mood-altering substances, which can result in injury, coma, or death during my residency.
- I agree to weekly random drug and alcohol screens.
- I understand that any violation, on my behalf of Threshold Recovery's zero-tolerance policy for drug and alcohol use, will result in my immediate dismissal.
- I also understand and agree to pay the financial requirements upon my arrival and throughout my residency at Threshold Recovery.

My signature below verifies that this application was completed by \_\_\_\_\_,

print applicant's name

and the information I have provided is accurate to date.

Applicant Signature: \_\_\_\_\_

Applicant Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

Please email application to: [info@Threshold-recovery.com](mailto:info@Threshold-recovery.com)

Chance Studdard (615) 295-1183 female contact

Matt Culp (615) 617-0195 male contact