



Are you an alcoholic or addict?    Yes            No

List the drugs you abused during the past 3 years: \_\_\_\_\_

List the date you last used alcohol or drugs: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you received either inpatient or outpatient treatment for alcoholism/addiction/psychiatric disorder?    Yes    No

If yes, list the name of each facility that provided treatment, admission date, and date you completed treatment:

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List any prescription medication you are currently taking for a medical or mental disorder:

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List any over the counter medication that you are currently taking:

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Have you ever been arrested or convicted of a crime?    Yes    No

If yes, list the charges, convictions, dates and locations (city/State):

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Are you currently on probation or parole?    Yes    No

If yes, list the name, address, and telephone number of your probation/parole officer:

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List and describe any special needs or concerns (medical) you may have regarding your residency at The Shed, Inc. \_\_\_\_\_

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I hereby declare that I have thoroughly and truthfully answered each question on this application to the best of my knowledge. I understand and acknowledge that upon signing this application, I authorize persons or agencies which are authorized by The Shed, Inc., to conduct a comprehensive background investigation (check) regarding my criminal and medical history. This information is confidential, and is to be used only as part of an evaluation process in determining my eligibility for residency at The Shed, Inc.

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(Signature of applicant)

(Date Signed)