

Residency Intake Serenity Communities

Full Name: _____

Attorney/Parole Officer/Family Member/Caregiver

Corporate Name/Title

SSN: _____

DOB: _____

Next of Kin/emergency contact: _____ Phone _____

Next of Kin/emergency contact: _____ Phone _____

Offenses that require registration? Yes or No

Are you taking medication? Yes or No

If yes, do you need assistance with taking your medication? Yes or No Medications you are taking: _____ Do you suffer for

any Psychological Problems? Yes or No

If yes, what _____

If yes list medications _____ HIV

Status; Positive Negative don't know

Recovering from Alcohol? Yes or No

Recovering from Drugs? Yes or No

1. Must be able to meet the monthly service fee obligations.

2. Follow the house rules to ensure a peaceful and tranquil environment. Disturbance of such will be grounds for immediate relocation.

3. Do you have any pending court cases? Yes or No If yes, next court

date _____

Charge _____

4. Do you have support in providing your move-in total? Yes or No

5. Do you receive SSI or Disability? Yes or No a. If not, are you employable? Yes or No

6. Do you have any medical restrictions? Yes or No a.

b.