

Phoenix House, Inc.
506 Cypress Street
New Bern, North Carolina 28560

Application for Halfway House

Name: _____ Date of Birth: _____

Current Address: _____ City _____

County _____ State _____ Zip code _____ Phone where you can be reached: _____

Are you an Alcoholic? _____ Are you addicted to Drugs? _____

Drug of Choice/how long? _____

Have you been in a Treatment Center _____ How long _____

Where/When? _____

Do you want to stop using or drinking and stay stopped? _____

Date of last Drink _____ Date of last Drug use _____

Where does your present income/support come from? _____

Do you receive? Medicaid _____ Medicare _____ Welfare _____ SSI _____ Other _____

Will you get a job? _____ Skills _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____

Have you ever lived in a placement before? _____ Where/When _____

Please check which applies:

Craven County		African American non Latino		Income Below \$15,000	
Pamlico County		American Indian		\$15,000-\$24,999	
Jones County		Asian American		\$25,000-\$34,999	
Carteret County		Caucasian non Latino		\$35,000-\$49,999	
Other		Other		Over \$50,000	

Revised January 2013



United Way
of Coastal Carolina

Name:

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Emergency Names and Numbers

List Children's Names

Names	Age	Date of Birth

Legal Issues

Pending or Current Charges: _____

Name of Lawyer _____ Phone # _____

Address of Lawyer _____

Probation Officer's Name: _____

Probation Address: _____

Phone Number _____

List your **past** charges that you were convicted of and either served time or placed on Probation: _____

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Name:

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- List 6 future goals
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

Please answer the following statements as honestly as you can. There is no right or wrong answers. If you need more space use the back of this paper.

Have you applied other places? Yes No
Where? _____

What kind of support will you have?

Write a statement of why you wish to get on with your life.

Why did you choose us and who did you hear about our program through?

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