

**TALBOT HOUSE INC.  
RECOVERY HOME FOR MALE ALCOHOLICS  
520 WEST ST. CATHERINE STREET  
LOUISVILLE, KY 40203  
OFFICE: 502-587-0669 FAX: 502-365-1202**

## **Resident Application for Admittance**

Please answer all questions to the best of your ability. After completing the application, please call the Talbot House and set an appointment for an interview with the director. Bring this completed application with you. If you are in a treatment center, are incarcerated, or otherwise cannot interview in person, please print off this form, complete it and return to Talbot House by mail or by fax.

Once your application is approved by the director, you will be placed on a waiting list and you will be contacted by the director of an available move-in date. **WHILE YOU ARE ON OUR WAITING LIST, IT IS YOUR RESPONSIBILITY TO CONTACT THE DIRECTOR, ON A DAILY BASIS, TO KEEP YOUR NAME IN AN ACTIVE STATUS ON THE WAITING LIST.** If you cannot speak to the director in person, please leave a message.

### **Personal Information**

Full Legal Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Drivers License# \_\_\_\_\_ State \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Last Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Previous Talbot House Resident? \_\_\_\_\_ Date (s) \_\_\_\_\_

### **Family Information**

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Children? \_\_\_\_\_ Ages? \_\_\_\_\_  
Are you obligated to pay child support? \_\_\_\_\_ How Much? \_\_\_\_\_

### **Educational History/Employment History**

Do you have a high school diploma? \_\_\_ GED? \_\_\_ College? \_\_\_ Trade School? \_\_\_  
Are you employed? \_\_\_\_\_ Where? \_\_\_\_\_  
Work Address \_\_\_\_\_  
Hourly Wage or Salary \_\_\_\_\_  
Date of Hire \_\_\_\_\_  
Work Schedule (day, night, evening or swing shift) \_\_\_\_\_  
Number of Hours per Week Working \_\_\_\_\_  
  
Are you on disability? \_\_\_\_\_ Amount/month \$ \_\_\_\_\_

Are you on SSI? \_\_\_\_\_ Amount/month \$ \_\_\_\_\_  
Are you receiving retirement or pension pay? \_\_\_\_\_ Amount/month \$ \_\_\_\_\_  
Are you receiving unemployment benefits? Amount \$ \_\_\_\_\_  
Any other income? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Cash on Hand \$ \_\_\_\_\_  
Can you pay \$77.00/week in rental payment? \_\_\_\_\_

### **Alcohol Use/Drug Use Information**

Have you had seizures? \_\_\_\_\_ Date of last seizure \_\_\_\_\_  
Do you suffer from any other illnesses? \_\_\_\_\_ What? \_\_\_\_\_  
Do you have any physical disabilities? \_\_\_\_\_  
Describe \_\_\_\_\_  
AA Contact \_\_\_\_\_ Phone# \_\_\_\_\_  
AA Sponsor? \_\_\_\_\_ Phone# \_\_\_\_\_  
How long in AA? \_\_\_\_\_ Home Group? \_\_\_\_\_  
Sobriety Date? \_\_\_\_\_ When? \_\_\_\_\_

### **Legal History**

Have you ever been convicted of any violent offenses? \_\_\_\_\_  
Have you ever been convicted of any sexual offenses? \_\_\_\_\_

List all active legal involvement, including probation or parole:

Court Dates Pending? \_\_\_\_\_

### **Medications**

List *ALL* medications currently taking, including those prescribed by a physician:

### **Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number (home, cell, work) \_\_\_\_\_

### **Agreement**

By signing and submitting my application, I affirm that all information supplied by me is accurate, complete and truthful. Any false statements, misrepresentations or omissions

made by me may result in my application being rejected for approval and that I may be immediately dismissed from Talbot House if false information is discovered after I have been accepted.

Talbot House provides equal opportunity to all without regard to race, religion, national origin, sexual preference, age or disability.

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

Print Name: \_\_\_\_\_

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

Application           ( ) approved ( ) denied ( ) under review

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

By \_\_\_\_\_, Director