



UNITY HOUSE
of Davenport™

As of 04/20/2017

APPLICATION

POC: Eric Hoffmann (563) 676-5488, Dennis Haut Cell (563) 210-1513 or Mark Palmer (563) 320-7890
Fax (563) 359-8300

Or mail to: 2625 Crestview Drive, Bettendorf IA 52722

PLEASE PRINT LEGIBLY!!!

NAME: _____ **BIRTH DATE:** _____ **AGE:** _____ **TODAY'S DATE:** _____

HOME PHONE #: _____ **CELL PHONE #** _____

MALE or FEMALE _____ **ABLE TO SAFELY SLEEP ON TOP BUNK?** _____ **Yes** _____ **No** _____

_____ **MARRIED** _____ **SINGLE** _____ **DIVORCED** _____ **SEPARATED** _____ **WIDOW** _____

CURRENT ADDRESS: _____ **CITY/ST/ZIP** _____ **HOW LONG?** _____

RENT: _____ **UTILITIES:** _____

EMPLOYER'S NAME: _____ **INCOME** _____ **PHONE** _____

EMPLOYER'S ADDRESS: _____ **LENGTH OF EMPLOYMENT?** _____

OTHER INCOME SOURCE(S) _____ **AMOUNT** _____

COUNSELOR'S NAME: _____

ADDICTIONS or DRUGS USED (including alcohol): _____

EVER CONVICTED OF ANY VIOLENT CRIMES: _____

ARE YOU ON THE SEX OFFENDER REGISTRY: _____

DO YOU HAVE ANY PENDING CHARGES OR LITIGATIONS: _____

NEAREST LIVING RELATIVE (EMERGENCY NOTIFICATION)

NAME _____ **RELATION** _____ **ADDRESS/CITY/ST/ZIP** _____ **PHONE#** _____

PERSONAL REFERENCES

NAME _____ **RELATIONSHIP** _____ **ADDRESS/CITY/ST/ZIP** _____ **PHONE#** _____

Are you a Veteran? _____

Sobriety Date: _____ **Sponsor's Name** _____ **How Long has he been your Sponsor?** _____

Probation Officer's Name: _____ **Phone No.:** _____

Doctor's Name: _____ **Phone No.:** _____

Prescribed Medications: _____

Are you on the Methadone Program? _____ **Counselor:** _____

Allergies: _____

The above statements are true and accurate. By signing this application, I authorize reference disclosure only for purposes of joining the Unity House of Davenport.

Applicant Signature: _____ **Date:** _____