



Come Rest Awhile
P.O. Box 230267
Tigard, OR 97281
503-635-0102
Application for Residency

Today's Date: _____

Name: _____ Phone: _____

Home Address: _____

Date of Birth _____ Age _____ Social Security #: _____

Date Clean & Sober: _____ Drug(s) of Choice: _____

Do you have any Communicable Diseases? _____

Allergies: _____ Physical/Medical limitations: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Address: _____

_____ Phone No: _____

Name: _____ Relationship: _____

Address: _____

_____ Phone No: _____

Do you have any Legal problems pending? Yes__ No__ If so, what are they?

CRA REPRESENTATIVE ONLY

Move-in Date: _____ Exit Date: _____

ATTENTION: A 30 DAY NOTICE IS REQUIRED TO VACATE

Are you presently enrolled in a Treatment or Aftercare Program? Yes____ No____

If 'yes', where? _____

What days/hours?_____ Duration: _____

PLACE OF EMPLOYMENT

Company:_____ Phone No. _____

Address:_____

Position:_____ Hours: _____

Do you have a vehicle? Yes____ No____ If 'yes', please fill out the following information:

Make:_____ Model:_____ Year:_____ Color:_____ License No:_____

MEDICATIONS

Name_____ Dosage_____ Purpose_____

Name_____ Dosage_____ Purpose_____

Name_____ Dosage_____ Purpose_____

Name_____ Dosage_____ Purpose_____

ALL MONIES PAID TO COME REST AWHILE ARE NONREFUNDABLE

First Months Rent: \$ _____

Second Month's Rent: \$ _____

From:_____ to _____

From:_____ to _____

I, _____, confirm that all information herein is true and correct, and I will inform Come Rest Awhile of any changes as they occur.

Signature: _____ Date:_____

ALL INFORMATION IS KEPT CONFIDENTIAL TO PROTECT YOUR ANONYMITY