

# Brand New Day

Sober Living Facility

1401 Coweta Falls Rd

Harrison, AR 72601

(870) 686-7265

info@bndsober.org

## Program Admission Application

Name: \_\_\_\_\_ Date \_\_\_\_\_  
                    First                                      Middle                                      Last

SSN: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

DOB: \_\_\_\_\_ State of Birth \_\_\_\_\_ Married? \_\_\_\_\_

Current Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Pending Charges and County, if any: \_\_\_\_\_

Previous Convictions and County, if any; include details such as felony or misdemeanor, sentences, dates, locations, and nature of offense(s): \_\_\_\_\_

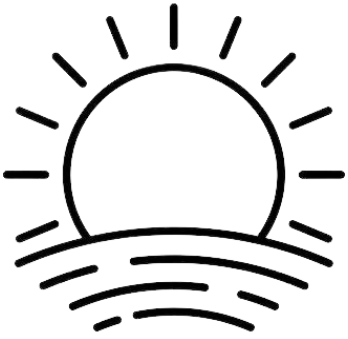
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Are you currently on Probation/Parole? \_\_\_\_\_

If so, please provide agent name, phone number, and county: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a sexual offense, or been required to register in the Sex Offender Registry? \_\_\_\_\_

Please list all fines (if any). Include date and amounts for each county: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you owe child support? If so, please list children, monthly amounts owed, total back child support owed (if any), child support case number and county: \_\_\_\_\_

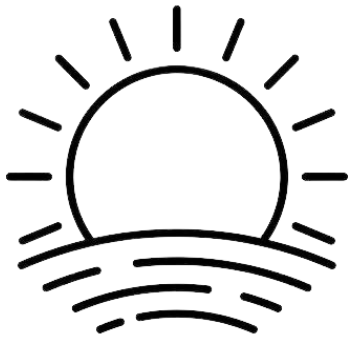
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Do you currently have a lawyer representing you in any open matter? If so, please provide lawyer name, phone number, and county of case: \_\_\_\_\_

\_\_\_\_\_



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Do you have a history of substance abuse and addiction? \_\_\_\_\_

Age of first use: \_\_\_\_\_ Drug(s) of choice: \_\_\_\_\_

Please describe your history of use, to include frequency of use, methods of use, environments of use, medical episodes related to use, and previous treatments: \_\_\_\_\_

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Please list family members (including children) that support your recovery and their relationship to you: \_\_\_\_\_

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Please list family members who have impeded or otherwise hindered your efforts in your recovery and their relationship to you: \_\_\_\_\_

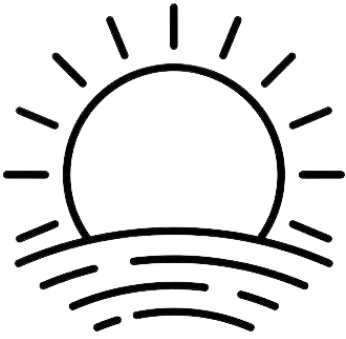
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Are you sober at the time of application? \_\_\_\_\_ Latest Sober Date: \_\_\_\_\_

Most recent detox or treatment facility date and location: \_\_\_\_\_



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Do you have any medical or mental health conditions that require medication? If so, list diagnoses, medications, doses, and prescribing official: \_\_\_\_\_

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Do you have any medical or mental health conditions that may prevent you from successfully completing the program at Brand New Day? If so, list conditions and their barrier to your potential success at Brand New Day: \_\_\_\_\_

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Do you currently take any medications that, if not allowed at Brand New Day, would prevent you from successfully completing the program at Brand New Day? If so, please list those medications, doses, prescribing official, and possible results of discontinuing the medication: \_\_\_\_\_

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What is your highest level of education (including major, if any): \_\_\_\_\_

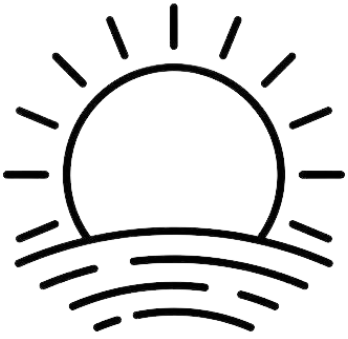
Are you interested in furthering your education? If so, describe potential fields of interest: \_\_\_\_\_

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Do you currently have debt? If so, list those debts and any current payments: \_\_\_\_\_

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Please describe your work history and marketable skills. List jobs beginning with longest employment: \_\_\_\_\_

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What are your goals in recovery? \_\_\_\_\_

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What are your goals after recovery? \_\_\_\_\_

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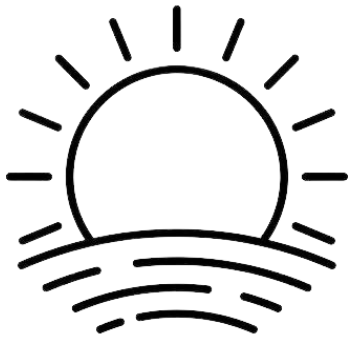
Describe your religious beliefs and history: \_\_\_\_\_

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Who is Jesus Christ to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\* In signing and submitting this application, I understand that Brand New Day is a gospel centered transformational ministry, and I will be required to perform service, attend and participate in all groups and classes, and attend community functions including church services as directed by House Manager and/or Program Coordinators. I understand that I am submitting this application because I have not yet found success in recovery, and I am committed to a different approach in my recovery via Brand New Day. I understand that I am submitting this application and, if accepted, will be entering the program at-will and of my own accord, without undue influence or promise of rewards and/or success. I understand that a background check will be performed at my expense prior to admission into the program. I understand that I will not be charged for this background check if I am not accepted, and inability to pay for the background check will neither delay nor prevent my acceptance. I certify that all information I have provided is true and correct, and that I am at this moment sober without narcotics of any kind in my system. I understand that false assertions in this application and failure to follow House Rules and policies may result in my dismissal from the program and immediate suspension from the property. I agree with this statement. I am ready for a Brand New Day!

Signature \_\_\_\_\_ Date \_\_\_\_\_