



Resident Entry Form
Resident Information

DryDoc Sober House Rio Grande, NJ 08242

Requested Date of Entry: _____

Name:(First)_____ (Last)_____

Address:_____

City _____ State:_____ Zip: _____

Is your plan to return to this address following completion of your stay here? Yes No

If you on overnight passes while with us is this where you plan on staying? Yes No

Phone Number:_____ (Mobile):_____

Social Security#:_____ Email Address: _____

Age: _____ Date of Birth: _____ Marital Status: _____

Children Names/Ages: _____

Spouse/Partner Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Email Address: _____

Emergency Contact Information Has Release of Information been signed? Yes No

Contact Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Legal Information

Are you legally mandated to us? Yes No Legal Charge? _____

On Probation? Yes No On Parole? Yes No Outstanding Warrants? Yes No

Have you ever been convicted of any violent or sexual crime? Yes No

Supervision Officer Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Fax: _____ Email Address: _____

Has release of information been signed? Yes No

Do you want us to report your progress to your probation officer? Yes No



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Education (Check Highest Grade Completed)

- Less than HS HS/GED Some College
 2 Year Degree 4 Year Degree Masters or PhD

Demographic Information

- Sex: Male Female Transgender
Race: Caucasian African American Native American Asian-Pacific Islander
 Hispanic Other _____

Household Income (Check One)

- Less than \$10,000 \$10,000-25,000 \$25,000-50,000

Military Service Yes No Branch _____ Type of Discharge _____

Previous Diagnosis (Check all that Apply)

- Substance Abuse Eating Disorder Mood/Personality Disorder Type _____

Addiction History

Current Recovery Date Click or tap to enter a date.

Drug of Choice (Check all that apply)

- Alcohol Amphetamines Benzoids Cocaine Hallucinogen
 Marijuana Opiates Other _____

Have you ever relapsed? Yes No

Referral Information

Have you been in treatment? Yes No

Last Treatment Center Name: _____

Case Manager's Name: _____

Has a release of information been signed? Yes No Who Referred you to us? _____

Age you began using? _____

How many times have you been to treatment? _____



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Please answer the following questions below

1. Who suggested that you come here? (Choose one option that best applies)
 - Family/ Friend
 - Employer/ Coworker
 - Treatment/Human Services Professional
 - Representative of the Courts/Judicial System
 - No One
 - Other: _____

2. How long have you been drug and alcohol free?
 - Less than a month → How many days? ____
 - One to three months
 - Four to six months
 - Seven months to a year
 - More than one year

3. In the past 30 days, where have you been living most of the time? (Choose one option that best applies)
 - My own home/apartment
 - Someone else's home/apartment
 - In a medical, treatment, or other residential recovery setting
 - In jail, prison, or another correctional setting
 - In a shelter or another temporary housing facility
 - Outdoors or on the streets
 - Other: _____

4. Are you currently enrolled in school or a job training program?
 - Not enrolled
 - Enrolled full-time
 - Enrolled part-time
 - Other: _____

5. Are you currently employed? (Choose one option that best applies)
 - Employed Full-time (35+ hours per week)
 - Employed part-time
 - Unemployed and looking for work.
 - Unemployed and not looking for work (e.g. retired, disabled, enrolled in school, etc)

What are your plans for gaining employment: _____



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6. In the past 30 days, did you attend any self- help or recovery support groups?
 Yes → if yes, what type _____ How many? _____
 No

7. How would you rate your quality of life?
 Very Poor
 Poor
 Neither Poor nor Good
 Good
 Very Good

8. What would you like to accomplish during your stay here?
- _____
- _____
- _____
- _____

9. What are your top 3 goals and why did you pick these?
- _____
- _____
- _____
- _____

10. What potential challenges do you see in improving your recovery?
- _____
- _____
- _____
- _____

11. What else would be helpful for us to know you best to serve you?
- _____
- _____
- _____
- _____

Signature

Date