



## Resident Application

Please complete this application and email to: BrothersBLSS@yahoo.com

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

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mental Health Diagnosis: \_\_\_\_\_

Number of days sober (Minimum of 30 days required prior to admission): \_\_\_\_\_

Are you able to independently manage your medications? Yes / No

Are you currently on probation/parole? Yes / No

Agent Name/Contact: \_\_\_\_\_

Case Manager/Contact: \_\_\_\_\_

Do you have difficulties living with multiple people? Yes / No

If Yes, please explain \_\_\_\_\_

Please identify and list 2 goals that you would like to achieve in the next 6 months:

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Please briefly explain why you feel Brothers Board and Lodge meets your needs?

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\*\*\*You must complete the DHS Combined Application Form & the GRH Professional Statement of Need Form for room and board funding\*\*\*

Thank You! We will follow up upon application review.