



Stepping Stones Supportive Services, L.L.C.

936 Armstrong Ave.
Saint Paul, MN, 55102
Males: (612) 309-3322
Females: (651) 983-4424

Personal Data and Emergency Contact Information.

- Name _____ Age _____ DOB _____ House applied for _____
1. Home/last address _____
 2. City, State, Zip _____
 3. Cell phone number _____
 4. Social Security Number _____
 5. Drivers License number _____
 6. Automobile Make _____ Model _____ Year _____ License# _____
 7. Last treatment/halfway house _____
 8. Number of treatments _____ In how many years _____
 9. Counselors Name _____ Phone Number _____
 10. Sobriety Date _____
 11. Sponsors Name _____ Phone Number _____
 12. Drug(s) of choice _____
 13. Are you currently on probation/parole/house arrest _____
 14. If yes, name of officer _____ Phone number _____
 15. Current Employer _____ Phone number _____
 16. Marital Status _____

Personal References (for those not coming direct from treatment or halfway houses)

1. Name _____ Phone number _____
2. Relationship _____
3. Name _____ Phone number _____
4. Relationship _____

Emergency Contact Information (Parents, close relatives, brothers, sisters, next of kin)

1. Parents Name _____
2. Address _____
3. Phone _____

4. Name _____
5. Address _____
6. Phone _____

Medical Information & known communicable diseases (HIV, Hepatitis etc.)

1. Allergies to medications _____
2. Medications currently being taken _____
3. Pertinent past medical history _____

4. Doctors name _____ Phone _____
5. Other _____

Other pertinent information:

MOVE IN DATE: _____