

PreAdmission Form BRISTOL LIFESTYLE RECOVERY

The best method of submitting the PreAdmission Form is online
(use the QR Code to the right or this URL for quick access: <https://pdf.ac/a9GOiY>)
You may also use the following mail address or FAX number
to submit your application.



Bristol Lifestyle Recovery
c/o Fairview Housing Management Corp.
P.O. Box 5746 - Johnson City, TN 37602
FAX: 1-866-231-5460

We look forward to the opportunity to serve you and journey together through this season of life! Please complete each question below to insure a quick review process.

APPLICANT

Full Name: _____

Email: _____ Phone: _____

Other Contact: Name: _____ Email: _____

Phone: _____

Applicant Date of Birth: _____

Address (current or last): _____

If this is a referral please select the appropriate choice:

Friend/family: ___ Institution: ___ Probation Referral: ___ Faith-based organization: ___

Contact of Referral: _____ Phone or email: _____

Why do you want to join our program at Bristol Lifestyle Recovery?

Do you have the following documents?

Driver's License Yes ___ No ___ Social Security Card Yes ___ No ___

Other State issued ID Yes ___ No ___ Passport Yes ___ No ___ Other: _____

Are you a Veteran? Yes ___ No ___

Are you able to work? Yes ___ No ___

Can you climb stairs? Yes ___ No ___

Have you ever received Mental Health services or treatment? Yes ___ No ___

Do you have any family living in the Tri-Cities area? Yes ___ No ___

Have you had problems with substance abuse or a history of alcohol abuse? Yes___ No___

Are you on Subtux, Suboxon, or comparable anti-addiction medication? Yes___ No___

Are you currently receiving or seeking Disability? Yes___ No___

Please list current medications and state why they were prescribed to you: _____

List any other medications here: _____

List any current financial obligations and describe: (child support, court costs, fines, etc.)

Do you have a Restraining Order against someone, or is there a Restraining Order against you? (if so, describe)

Yes___ No___

Are you involved with the criminal justice system? Yes___ No___

If you answered yes, complete the box below. If your answer was no continue to the bottom of the application.

Are you currently on Probation? Yes___ No___

Have you been convicted of a sex offense or arson- or currently under investigation for these offenses?

Yes___ No___

Are you a registered sex offender? Yes___ No___

Name of Institution: _____

Sentencing Probation District and State (if applicable): _____

Current Offenses (dates and description): _____

Prior Offenses (dates and description) List any disciplinary actions within the last 2 years: _____

Assigned Counselor/ Probation Officer Name and Contact:

Name: _____ Phone: _____

Email: _____

Any comments related to consideration for admission to our program?

Be sure that each item has been completed. Provide the appropriate information for each item and do not leave any blank. For questions that you do not have an answer for please answer with “N/A (not applicable)”. Be sure to provide descriptions when needed.

Signature: _____ **Date:** _____

Congratulations on taking the next step!
If you are filling this form out online and you supplied an email you can expect a response within 3 business days. If you are mailing or FAXing this form please allow 7-10 business days to receive a response from BLR.