

# APPLICATION FOR MEMBERSHIP FOR TITUS 2 COMMUNITY

1. Print Name: (Last, First Middle)	2. Date of Birth:
3. Present Address:	4. Phone number:
City:	State and Zip:
5 . Are you an Alcoholic? Yes/No	6. Date of last drink:
7. Are you a DRUG ADDICT? Yes/No	8. Date of last drug use:
9. When did you last attend a recovery meeting?	10: List of drugs used:
11. Are you employed? Yes/No If so name of Employer:	12. Do you receive welfare, ssi, disability or any other income? Yes/No If yes explain:
13. What is your monthly income?	14. Marital Status:
15. Name and phone number of medical doctor:	16. Do you take prescription drugs? Yes/No List:
17. Have you been in a treatment facility for drugs or alcohol: Yes/No If yes name, phone number, and primary counselor, discharge date:	18. Date of desired move in?
19. Are you on Probation or Parole? Yes/No If yes: officer name and contact number:	20. Identification numbers: Social Security:  Driver's License and State:

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20. Emergency Contact: Name, phone number and relationship: 1. 2. 3.	21. Do you have your own car? Yes/No License Plate Number, Make and Model:
References: Name and phone number 1. 2.	Who referred you to Titus 2 Communities?:
22. Do you have a pending court case:	23: Have you been Convicted of a Felony? Yes/No If yes explain:
24. Are you a registered sex offender: Yes/No	21. Use this space for additional relevant information:

I realize that Titus 2 Communities is a Christian Organization and it: (A) prohibits all residents from using any alcohol or illegal drugs, (B) may expel any resident who violates such prohibition,(C) mentoring is a requirement (D) each applicants signs the list of rules that they have agreed to follow (E) not following ALL rules may be cause for immediate removal from the program and all housing.

By signing this application I authorize Titus 2 Communities to do a background check and process my application.

By signing this application you understand that you are entering a program that includes housing. At any time that you are discharged from the program you are also immediately discharged from the residence.

Printed Name of Applicant:

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_