

APPLICATION FORM Mail to PO Box 3645,
Dickinson, ND 58602 OR Email to:
thelanding@ndsupernet.com

(please print carefully)

Print Name: _____ Phone #: _____

DOB: _____ SSN: _____ Female: Male:

Address: _____

City, State, Zip: _____

Emergency Contact/Relative: _____ Phone #: _____

How long have you been using alcohol and/or drugs? _____

How do you identify yourself?

Alcoholic Only: Drug Addict Only: Alcoholic and Drug Addicted:

List ALL of the drugs that you have used in the past 3 years:

1) _____ 2) _____

3) _____ 4) _____

What was the last drug you used and when? _____ History of Seizures: Yes No (This information will be used to determine urinalysis in the future, so be 100% honest.)

Sobriety Date (the date of first day 100% without drugs or alcohol) _____

Probation Officer: _____ Phone #: _____

Attorney: _____ Phone #: _____

Employment: _____ Phone #: _____

AA/NA Sponsor: _____ Phone #: _____

Counselor: _____ Phone #: _____

Doctor: _____ Phone #: _____

Marital Status: Single Married Separated Divorced

Prior Treatment Facilities or Centers: _____

Criminal Record: _____

Do you have any mental health issues or disabilities: Yes No

If yes, what: _____

Do you have any physical health/medical issues or disabilities: Yes No

If yes, what: _____

Have you been prescribed any medications within the last 6 months? Yes No

List ALL medications you are currently taking and last date taken:

1) _____ Last Taken: _____

2) _____ Last Taken: _____

3) _____ Last Taken: _____

Are you required to register for any purpose? Yes No If yes, why: _____

Are there any restraining orders against you? Yes No

Who: _____ Relationship: _____

For office use only:

Date of Discharge: _____

Reason for discharge: Positive for Drugs Positive for Alcohol

Financial Non-compliance of Rules

Walk Away Financial/non-payment

Comments: _____
