

HYSSOP Care Sober Recovery Home

Intake Form

Date:		Referred By:
Inpatient Currently In:		
Counselor Info:		

Contact Information	
Name:	Number:
Current Address:	
DOB:	Age:
Screening Questions	
What is your sober date?	
What is your drug of choice?	
When do you plan on moving?	
Is sober housing your only option?	
How many times have you completed treatment?	
Are you planning on attending outpatient? Where?	
What medications are you currently taking?	
Give us a snapshot of your history (not the whole story)	
Are you in a relationship? (If not mentioned)	
Are you able to pay the monthly housing fee? (And deposit to hold bed, etc.)	
Do you drive?	
Do you have a sponsor? If so, are you working steps?	

Thank You