



Come Rest Awhile
Residential Services for Women in Recovery
PO Box 1116
Lake Oswego, Oregon 97035

5/2014

Today's Date: _____

Name: _____ Phone: _____

Home Address: _____

Birthdate(Mo./Yr.) _____ Social Security #: _____

Date Clean & Sober: _____ Drug(s) of Choice: _____

Do you have any Communicable Diseases? _____

Allergies: _____ Physical/Medical limitations: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Address: _____

Phone No: _____

Name: _____ Relationship: _____

Address: _____

Phone No: _____

Do you have any Legal problems pending? Yes__ No__ If so, what are they?_

ATTENTION: A 30 DAY NOTICE IS REQUIRED TO VACATE

CRA REPRESENTATIVE ONLY

Move-in Date: _____ Exit Date: _____



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Are you presently enrolled in a treatment or aftercare program? Yes ___ No ___

If 'yes', where? _____

What days/hours? _____ Duration: _____

Are you on any medication? ___ If "yes", you are required to list all prescriptions, their dosage and purpose, along with Physicians name and information.

PLACE OF EMPLOYMENT

Company: _____ Phone No. _____

Address: _____

Position: _____ Hours: _____

Do you have a vehicle? Yes ___ No ___ If 'yes', please fill out the following information:

Make: _____ Model: _____ Year: _____ Color: _____ License No: _____

I, _____, confirm that all information herein is true and correct, and I will inform Come Rest Awhile of any changes as they occur.

Signature: _____ Date: _____

First Months Fees: \$ _____	Second Month's Fees: \$ _____ (prorated)
From: _____ to _____	From: _____ to _____

THE MONTHLY FEE IS DUE ON THE 1ST OF EVERY MONTH
IF MONTHLY FEE IS NOT RECEIVED BY THE 10TH DAY OF THE MONTH,
A LATE CHARGE OF \$25 WILL BE ADDED.

ALL INFORMATION IS KEPT CONFIDENTIAL TO PROTECT YOUR ANONYMITY