

# INTAKE FORM

Lucille Raines Residence  
947 North Pennsylvania Street  
Indianapolis, IN 46204-1070  
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*Serving our community. Changing lives for nearly 50 years.*

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

## A. Family & Personal Information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Spouse's name, address, and phone number:

\_\_\_\_\_

Name and ages of children:

\_\_\_\_\_

Parent's name, address, and phone number:

\_\_\_\_\_

Education: Years completed \_\_\_\_\_ College \_\_\_\_\_

Religious affiliation: \_\_\_\_\_ Military

Experience: \_\_\_\_\_

Previous permanent address (other than treatment program):

\_\_\_\_\_

Emergency contact: Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

**B. Addiction, Medical, & Legal Information**

Referred by: Agency \_\_\_\_\_

Address: \_\_\_\_\_

Person: \_\_\_\_\_

Drug of Choice: \_\_\_\_\_ Last Used: \_\_\_\_\_ Total

Days of Sobriety and Clean Time: \_\_\_\_\_

HIV Status: \_\_\_\_\_

How many times was treatment completed and where:

\_\_\_\_\_

Hospitals, detox, and other treatment programs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical conditions, other than addiction:

\_\_\_\_\_

Current Prescribed Medications:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested: \_\_\_\_\_

Have you ever been convicted of, pled guilty to/no contest to, or had a suspended imposition of sentence for any offense (other than a minor traffic violation)? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have pending legal problems?

\_\_\_\_\_

C.

**Employment History**

Current Employer: \_\_\_\_\_

Duration of employment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Hours a week: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Previous employment:  
\_\_\_\_\_  
\_\_\_\_\_

**Attach 30 days of pay stubs/proof of income/ bank statement/disability income**

D.

**Lucille Raines Residence Program**

Lucille Raines provides a structured, supportive sober living environment focused on stability, accountability, and personal growth. *Please answer the following questions honestly to help us understand how we can best support you.*

1. Why do you feel you are ready to live in a sober living environment currently?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What does your sobriety look like today? (Examples: support systems, treatment, meetings, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What challenges do you anticipate in a sober living environment, and how do you plan to handle them?

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4. Sober living requires following house guidelines, participating in programming, and maintaining accountability. How prepared are you to commit to these expectations?

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5. What are some of your personal triggers, and what strategies do you use to manage them?

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6. What are your goals while living at Lucille Raines?

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I understand that Lucille Raines is a sober living environment that requires honesty, accountability, and active participation in my personal growth and recovery. Emphasis is on living the 12 steps, studying of the AA Big Book, the NA text and attendance at the AA, NA, CA and HA meetings.

Steady employment is a requirement (40 hours per week). Rent payment must be made in a timely manner as part of the semi-independent living responsibilities.

**Do you agree to participate in and respect the expectations of this residence?** \_\_\_\_\_

The use of alcohol or other drugs is prohibited in the building, on the property and away from property.

**Are you willing to submit to random drug testing?**

\_\_\_\_\_