



# Bridge to Recovery Program Application

*This information is confidential and will only be seen by the group moderator, secretary, and director.*

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## ADDICTION/HABIT INFORMATION

What is the nature of your addiction? \_\_\_\_\_

How long have you struggled with your addiction? \_\_\_\_\_

What level of accountability do you wish to receive from the Bridge to Recovery Program?

Casual      1      2      3      4      5      6      7      8      9      10      Diligent

How many different programs have you tried? \_\_\_\_\_

What do you hope to achieve through being in the Bridge? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you desire to fill out a recovery action plan?     Yes     No