Driskill Halfway House Women's Recovery Center

Application for Admission

Please fill out completely use additional paper if needed.

Name: _____ Cell Phone: _____

Current e-mail: _____

Current Address: _____ City: _____ State: _____ Zip:_____

Prior places & states where you lived: _____

_____

Date of Birth: _____ Can you provide a copy of driver license, Social Security card and birth certificate? _____

Verifiable ***30*** days required DHHWRC is ***recovery not treatment***. Sobriety Date: _____

How did you find out Driskill Halfway House Women's Recovery Center?

_____

Do you have any connections to Swisher County or Tulia, TX if so, share names?

_____

If other that alcohol, what was your drug(s) of choice ?

_____

Please list all prior treatment facilities:

_____

_____

Average length of stay: _____ Did you typically finish the program?_____

Prior Recovery Facilities:

_____

_____

Average length of stay: _____ Did you typically finish the program? _____

Criminal history (**all offenses and where you had convictions**):

_____

_____

Explain your goals for recovery:

_____

_____

Other information you would like to share with DHHWRC:

_____

_____

_____

_____

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_____

_____

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_____

Contact(s) in case of emergency:

_____

Phone number:

_____

To the best of my knowledge, I have filled out this application truthfully.

Signature: _____ Date: _____

Thank you for reaching out to the Driskill Halfway House Women's Recovery Center where our mission is "To empower women in their sobriety by providing them with a safe and sober place to live."