

# Serenity Bridge Sober Living Application

Mailing Address: 5608 Titanium Drive, Bismarck ND 58503

[admissions@serenitybridgesoberliving.com](mailto:admissions@serenitybridgesoberliving.com)

Serenity Bridge Team: 701-335-6442

Date: \_\_\_\_\_

## **Personal Information:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address:(Street) \_\_\_\_\_ (City) \_\_\_\_\_  
(State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Birth Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Marital Status:  single  married  Divorced  Separated  Engaged  Widowed

Current Housing:  Personal residence  Live with family  Live with friends  
 Treatment Facility  Incarcerated  Homeless  Other

## **Emergency Contact Info:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Street): \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Relation to you: \_\_\_\_\_

**Additional Information:**

Male / Female

Are you required to register as a sex offender? Yes / No

List Criminal History: \_\_\_\_\_

Drug of choice: \_\_\_\_\_

Sobriety Date: \_\_\_\_\_

Are you in a 12 Step program: Yes / No

Do you have any active warrants? Yes / No if Yes please write down where they are

\_\_\_\_\_

Are there any other issues you would like to list that we may be able to assist you with?:

\_\_\_\_\_

If currently in treatment, jail or halfway house, when is your release date?: \_\_\_\_\_

Treatment provider or halfway house information:

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Case Worker's Name: \_\_\_\_\_

Probation Officer's Name and Number: \_\_\_\_\_

\_\_\_\_\_

What are some short term goals you would like to get done upon entry?

---

---

**\*Release of Information MUST be filled out if in a facility so we are able to inquire with your treatment team, Probation officer and Medical Providers etc.**

**Medical:**

Do you have a mental health diagnosis: Yes / No

Are you currently taking any medications? Yes / No If Yes, please list:

---

---

**\*\*\*Before signing, we encourage you to thoroughly read through our rules and guidelines. Please contact us weekly to stay on the waitlist if no beds are available at this time. After 2 weeks of no contact you will be removed from the list.**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_