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**Disclosure: OASL does not have and are not landlords; you are signing an agreement to pay monthly bed fees with shared housing and not a lease to pay rent.**

Business Hours: Mon - Fri 9:00am - 5:00pm  
Est. Guests Visiting Hours: Sat - Sun 1:00pm - 7:00pm

### Guest In-Take Form

Referral Source: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: F or M

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

DL or ID #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you own a car? Y / N Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_ Non-Refundable Processing Fee: **\$250**

Monthly Bed Fee Rate: \$ \_\_\_\_\_ Deposit: \_\_\_\_\_ Rm #: \_\_\_\_\_ Bed #: \_\_\_\_\_

Access Code: \_\_\_\_\_

Are you Employed? \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Name of Employer or School: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer or School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work, School, or Volunteer/Hours: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_

Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Thank you for choosing Open Arms Sober Living

**Guest In-Take Form Cont.**

Medical conditions:      Hypothyroidism                      High Cholesterol  
                                 Astha or bronchospasms                      Depression  
                                 Diabetes                                      Sleep Apnea (OSA)  
                                 Schizophrenia / Bipolar                      Urinary Incontinence

Name of prescription medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been sober? \_\_\_\_\_

Drug of Choice: \_\_\_\_\_

Which 12-step meetings do you attend? AA / NA    Program Name: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever lived in a Sober Living Home? Y / N

If yes, which one and how long ago?  
\_\_\_\_\_

Are you committed to continuing to live a sober lifestyle? \_\_\_\_\_

What are three goals that you would like to accomplish upon completing your recovery at OASL?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_