OPEN ARMS
SOBER LIVING LLC

832 W. Eighth Street
Stockton, CA 95206
Phone: 209-400-2480
Email: Openarmssoberlivingllc1@gmail.com
Web: www.Openarmssoberliving.com

Disclosure: We are not Landlords; you are signing an agreement for monthly Bed fees 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: _____

Period Beginning: _____/_____20_____: Period Ending: _____/_____20_____

Are you Employed? _____ Length of Employment: _____

Name of Employer / School: _____ Phone: _____

Employer / 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	Acid reflux
	Diabetes	None of the Above

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? _____

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: _____

Thank you for choosing Open Arms Sober Living