The Lilly Pad – West Palm Beach
Housing Application

Basic Information

Full Name _____ DOB_____

Street Address _____

Apt/Suite # _____ City _____ State_____ Zip _____

Primary Phone # _____ Email Address _____

Emergency Contact

Full Name _____ Relationship_____

Street Address _____

Apt/Suite # _____ City _____ State_____ Zip _____

Primary Phone # _____ Email Address _____

Drug & Alcohol History

Primary Substance of Choice _____ Date Last Used _____

Frequency of Use _____ Months/Years of Use _____

Secondary Substance of Choice _____ Date Last Used _____

Frequency of Use _____ Months/Years of Use _____

Are any Family Members in Active Addiction or Recovery From _____

If Yes, Please Explain _____

_____

Additional Comments _____

_____

Psych & Medical History

List Allergies _____ Currently Taking Medications _____

Prescribing Physician _____

List Current Medications _____

_____

_____

Are You Currently in Treatment _____ Facility Name _____

List Prior Substance Abuse Facilities Attended _____

_____

_____

May we Contact Your Current or Prior Facilities _____

If Not, Explain Why _____

Have You Ever Been Treated for Psychiatric/Mental Health Conditions _____

If Yes, Please Provide Dates and Explanation _____

_____

_____

Current Height _____ Current Weight _____ Weight Last Year _____

Do You Believe That You Have an Eating Disorder _____

Do You Have History of Binging/Purging or Laxative/Diuretic Abuse _____

If Yes, Please Explain _____ _____

_____

Have You Ever Been Treated For Eating Disorder _____

If Yes, Please Provide Dates & Locations _____

_____

Current Treatment Center (If Applicable)

Name of Current Facility _____ Expected DC Date _____

Therapist's Name _____

Therapist's Telephone # _____ Therapist's Email _____

Education & Employment

Highest Level of Education Completed _____

Name of Institution _____

Are You Currently Employed _____

If Yes, Please Explain _____

_____

List Any Vocational Skills _____

_____

Legal Obligations

Do You Have Any Past Legal Issues _____

If Yes, Please List Convictions and Dates _____

_____

_____

Do You Have Any Current Legal Obligations _____

If Yes, Please Explain (Include Court Dates and Requirements) _____

_____

Insurance Information

Insurance Provider _____ Insurance Phone # _____

Insurance ID # _____ Insurance Group # _____

Primary Insured Name _____ Relationship to Self _____