

BUDDY'S HOUSE  
YUBA CITY, CA  
RESIDENT INFORMATION FORM

C.D.C# \_\_\_\_\_  
Name \_\_\_\_\_ Admit Date \_\_\_\_\_  
Current Address \_\_\_\_\_ Cell Phone# \_\_\_\_\_  
Social Security# \_\_\_\_\_ Driver's License# \_\_\_\_\_  
Veteran \_\_\_\_\_ Birthdate \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Marital Status    Single   Married   Separated   Divorced  
Sobriety Date \_\_\_\_\_ Referred by \_\_\_\_\_  
Address of Referent \_\_\_\_\_  
Work Phone of Referent \_\_\_\_\_

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**In Case of Emergency, Contact**

Name _____	Relationship _____
Address _____	
Telephone# Home _____	Work _____
Name _____	Relationship _____
Address _____	
Telephone# Home _____	Work _____

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**Recovery Information**

Did you use:      Alcohol    Drugs      Both  
List drugs used in last three years \_\_\_\_\_  
Have been clean and sober since \_\_\_\_\_  
Name of recovery program I was in \_\_\_\_\_  
My counselor there was (Name) \_\_\_\_\_ Phone# \_\_\_\_\_

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**Health Information**

My last physical check-up was \_\_\_\_\_  
I'm taking the following medication \_\_\_\_\_  
List any medical problems \_\_\_\_\_  
Name of insurance company \_\_\_\_\_ Policy# \_\_\_\_\_  
Personal Physician \_\_\_\_\_ Phone# \_\_\_\_\_  
Physician Address \_\_\_\_\_  
Allergies \_\_\_\_\_

## Other Counselors, Therapists, Psychiatrists

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Name/Title \_\_\_\_\_

Phone# \_\_\_\_\_

Name/Title \_\_\_\_\_

Phone# \_\_\_\_\_

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## Aftercare Commitment

Legal \_\_\_\_\_

Court \_\_\_\_\_

Parole/Probation Officer \_\_\_\_\_

Attorney \_\_\_\_\_

Court Date \_\_\_\_\_

Phone# \_\_\_\_\_

Phone# \_\_\_\_\_

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## Your Place of Employment

Company Name \_\_\_\_\_

Job Title \_\_\_\_\_

Company Address \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Telephone# \_\_\_\_\_

Wages \_\_\_\_\_ Per Month/Hour

If not currently employed, source of income \_\_\_\_\_ Amount per month \_\_\_\_\_

Resident's Signature \_\_\_\_\_ Date \_\_\_\_\_