Santa Barbara Rescue Mission

Santa Barbara Rescue Mission
535 East Yanonali Street
Santa Barbara, CA 93103
(805) 966-1316 x 600

Cornerstone Application

Confidential

First Name _____Middle Initial _____ Last Name _____

Current Address _____

City _____ State_____ Zip _____

Current Phone # _____Email address _____

Personal Information:

Age _____ Social Security #_____Driver's License # _____

Hobbies/Activities _____

Employment:

Current Employer _____ Contact Name _____

Employer Address _____ Employer Phone # _____

Financial Information:

Source of Income:

Personal $_____ mo.

Parents/Guardian $_____ mo.

Financial Aid $ _____ mo.

Relationship status (Circle): Single Married Divorced Widow Separated

Emergency Contact:

Name: _____Relationship_____

Phone #:_____

A requirement for living at Cornerstone is to be Engaged in a recovery program. Three meetings/week minimum. Must have a sponsor and be actively working the Twelve Steps.

Drug history:

Describe your pattern of drug and alcohol use: _____
_____
_____

How many years have you used drugs? _____ Alcohol? _____

How long have you been sober? _____ What is your sobriety date? _____

Do you have a Sponsor/ Mentor? _____ What is his name? _____

Can we contact him? _____ What is his phone number? _____

Do you have a home group? _____ How many meetings do you attend on a weekly basis? _____

What is the name and location? _____

Do you attend a church? _____ If yes, which one? _____

May we contact you pastor? _____ Name _____

Phone #_____

Please list other accountability support that you have: _____
_____
_____

Legal Status:

Are on probation/parole? _____
Phone #_____

Are you involved in any legal proceedings? _____

Do you have any warrants? _____

Do you have any restraining orders? _____

If so, what are they for? _____
_____
_____
_____

Medical History:

Please list any medical conditions that you have: _____
_____
_____
_____

Please list all medications you are prescribed and are talking:

1. _____
2. _____
3. _____
4. _____
5. _____

Cornerstone Conduct

It is our hope that your stay with us will have a positive and lasting effect on you and your relationships with others. It is our goal to help you transition to independent living. We ask that you respect the morals and values that we try to instill in others that reside here. We ask that you use language, and view materials that are appropriate to this Faith based facility.

By signing this application, I acknowledge that all the information to be true.

I have read and agreed to the terms of the Cornerstone Agreement Form.

Signature_____ Date_____