



Turning Leaf  
Residential Rehabilitation  
621 E. Jolly Road  
Lansing, MI 48910  
517-393-5203 Phone  
517-393-8968 Fax

---

## RESIDENT APPLICATION

*Please print or type*

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

City/State/ZIP \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Male  Female  Marital Status: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tell us about yourself:

- A. What is your current situation? What do you do? Where do you live?
  
- B. Why would you like to come to Turning Leaf Residential Rehabilitation?
  
- C. What goals do you wish to reach in one year? In five years?
  
- D. What is your highest level of education and training?
  
- E. What kind of work have you done or jobs have you held? When? Where?
  
- F. Which type of work or job did you enjoy the most and why?
  
- G. What is your understanding of your illness?

H. Have you participated in any other kind of work or rehabilitation program? Where? When?

I. What medications do you take? What are they prescribed for?

J. Have you ever abused or been addicted to alcohol or drugs? Please explain.

K. Have you ever been hospitalized for mental, emotional, or substance abuse problems? When? Where? Why? How long?

L. Do you drink alcohol? If yes, how much?

M. Do you use street drugs? If yes, what? How often?

N. What are your strengths?

O. What areas would you like to strengthen?

P. Who are your support persons?

Q. What are your hobbies? Interests? Special talents? Please describe.

R. What questions or concerns do you have about Turning Leaf Residential Rehabilitation?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Turning Leaf Residential Rehabilitation does not discriminate on the basis of religion, race, color, national origin, gender, or marital status.***