

600 Middletown Avenues LLC  
A Sober Living Community for Men  
600 Middletown Avenue  
North Haven, CT 06473  
Phone: 203-234-2124 Fax: 203-234-9882

**APPLICATION**

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Emergency Contact: (Full Name, City, State, Phone Number & Relation):  
\_\_\_\_\_

Current Treatment Center: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Counselor Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Length of Stay at Treatment Facility: \_\_\_\_\_ Tentative Discharge Date: \_\_\_\_\_

Other Treatment Programs	City	State	Counselor	Entry Date	Exit Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever lived in a Sober House? Y or N

If yes, name of Sober House and town located in: \_\_\_\_\_

Substance(s) Used In Past:  
\_\_\_\_\_

Drug(s) of Choice: \_\_\_\_\_

Sobriety/Clean Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name                      Applicant's Signature                      Date

\_\_\_\_\_  
Manager's Signature                      Date