



**P.O. Box 90582
Nashville, TN 37209
YANA RESIDENT APPLICATION**

Name: _____ SSN: _____ - _____ - _____ DOB: ____/____/____ Age: _____

Current Length of Sobriety or Recovery Date: _____

Permanent Home Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

In Case of Emergency Notify: _____

Phone: _____ Relationship to you: _____

Name and address of person financially responsible for YANA (if different than emergency)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

In the chart below, please list all Dependencies (Alcohol, Specific Drug, Sex and Love, Self-Harm including Cutting, Eating Disorder, etc) For "Current?" Please indicate Y if part of the problem leading to treatment

CONCERNS	AGE ONSET	CURRENT?		LAST USE	Comments
		Y N			
		Y N			
		Y N			
		Y N			
		Y N			
		Y N			



Have you attended a treatment center: (Circle one) Yes or No Please List:

Name	City and State	Dates attended	Sobriety after?	Counselor Name

Do you have any allergies? If yes explain _____

Do you have any current medical conditions? (Circle one) Yes or No,

If yes explain _____

Have you suffered a recent physical injury? (Circle one) Yes or No *If yes, please explain on back of page.*

Do you smoke or vape? Yes / No If yes, how much per day? _____

****Vape cigarettes are NOT allowed****

Current Medications: Please List all medications including needed OTC Meds

Medications	Dose Prescribed	Refill needed when? (or how many left)	Reason Prescribed

****Controlled substances are NOT allowed****

