



ELPIDIA HOUSE, INC.
 7 Mt. Lassen Dr. Ste. C-257 • San Rafael, California 94903
 Ph. • (415) 499-8613 Fax • (415) 499-8620

APPLICATION FOR HOUSING AND SUPPORT SERVICES

Name:			
Birth date:		SSN#:	
Address:			
City:			
State:	Zip:	Phone:	Cell Phone:

Parents/Guardians:	
Address:	Phone:
Email Address:	
Siblings (Name & Address):	Age:
Referring Person:	Phone:
Illness/Diagnosis	
Medications (Name & Dosage):	
History of Illness:	
Hospitalizations – Date & Brief Descriptions:	



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Other Community Care:	
Medical Insurance:	
History of Drug Abuse:	
History of Violence:	
Criminal Record:	
Education/Field of Study:	
Employment History:	
Awards, Hobbies, Interests:	
What goals would you like to work on while in the program?	
Is there anything else you would like to add about yourself?	
How soon would you have need for the Residential Program?	
Who will be responsible for paying the fee?	
<i>If applicant is accepted into the program, 50% of the agreed fee will reserve a bed at time of acceptance.</i>	
Applicant's Signature:	Date: