



Thanks for your interest in Reset.

Before completing this application, please take a moment to review our policies by visiting resetministries.org/policies or scanning the QR code below.

Each of the following must be checked in order to be considered for Reset. If you can not honestly check them all, wait to apply.

- I have been sober for at least 30 days.
- I am not on a MAT program (with the exception of Vivitrol).
- I am not a registered sex offender.
- I am at least 21 years of age or older.
- I am willing to commit to our 12-18 month program
- I have read Reset's Policies. →



1. First Name _____
2. Last Name _____
3. Email _____
4. Phone _____
5. Gender: Male Female
6. Date of Birth: _____
7. How did you hear about Reset? _____

8. When would you be able to move in? _____

9. What other programs have you contacted? _____

10. Please list all convictions and dates. _____

11. Terms of parole or probation (if any): _____

12. Do you have a significant other? Yes No

13. Do you have children? Yes No

14. If yes, where do they live now? _____

15. Do you have any sources of income? _____

16. What type of jobs have you done before? _____

17. Have you ever served in the military? No Yes, Air Force
Yes, Army Yes, Coast Guard Yes, Marines Yes, Navy

18. If you served, when were you discharged? _____
19. Do you have any legal issues? If so, please explain. _____

20. Please describe other programs/recovery groups you are part of. _____

21. When did you last use alcohol or drugs? _____
22. Substance type/amount used at that time: _____

23. Have you ever tried to stop before? If so, explain. _____

24. Did you have any medical complications? If so, please explain. _____

25. Have you ever been in treatment/detox? If so, when and where? _____

26. What is your primary drug addiction? _____
27. Date of last use for primary addiction: _____
28. What is your secondary drug addiction? _____

29. Date of last use for secondary addiction: _____

30. What age were you when you began using? _____

31. Do you have any physical disabilities? If so, please explain. _____

32. Are you taking any medications? If so, please explain. _____

33. Please tell us your faith background. _____

By submitting this application, you are authorizing Reset to contact authorities who are concerned with your welfare and housing, including, but not limited to, probation officers, social workers, and court officials.

Reset will use the information gained during the application process (this application, conversations with you, communications with involved authorities) in order to determine your eligibility for our program. Your personal information is kept confidential and will not be shared with anyone unless it is necessary in order to determine eligibility.

Printed First and Last Name

Date

Signature

Email your completed application to applications@resetministries.org or mail it to:
Reset Ministries
PO Box 72473
Newport, KY 41072

We will contact you once we have reviewed your application.