



Welcome back! We're glad you're here! Hope Haven is on a mission to keep better records on the success of our former residents. Please help us with this initiative by filling out your contact information and answering a few simple questions.

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Hope Haven Program Completion Date: _____

Birth Date: _____ Sobriety Date: _____

Have you had any relapses since you left? Yes / No If yes, how many? _____

Are you employed? Yes / No

What is your current living situation? _____

Are you still regularly attending meetings? Yes / No

Are you willing to drive residents to meetings or events? Yes / No

Are you interested in sponsoring a resident? Yes / No

Are you interested in speaking during an educational session? Yes / No

Comments _____

May we contact you in the future for updated information? Yes / No