

The Firefly Project – Women’s Sober Living

Waitlist & Interest Form

Thank you for your interest in The Firefly Project. This form places you on our waitlist and helps us determine if our home is a good fit. Completion of this form does not guarantee placement.

Full Legal Name:	
Preferred Name:	
Date of Birth:	
Phone Number:	
Email Address:	
Emergency Contact & Phone:	
Current Living Situation:	
Primary Substance(s) Used:	
Date of Last Use:	
Length of Sobriety (if any):	
Most Recent Treatment Center:	
Discharge Date (if applicable):	
Mental Health Diagnoses (if any):	
Current Medications:	
Are medications prescribed & monitored? (Yes/No):	
Legal Issues / Probation / Parole (if any):	
Are you willing to submit to random drug & alcohol testing? (Yes/No):	
Are you willing to attend meetings, follow house rules, and participate in a recovery program? (Yes/No):	
Desired Move In Timeframe:	
How did you hear about The Firefly Project?:	
Briefly explain why you are seeking sober living at this time:	

I understand that this is a women only sober living home and that honesty is required. I understand that submitting this form does not guarantee acceptance.

Applicant Signature: _____ Date: _____