



Kokopelli Program Participation Application



Applicant Information

Name:			
Date of birth:	SSN:	Phone:	
Current Facility:	Address:	Rent:	
City:	State:	ZIP Code:	How long?
Why did you leave (or why leaving)?			
Prior Facility:	Address:	Rent:	
City:	State:	ZIP Code:	
Why did you leave:			

Employment Information

Current employer:		
Employer address:	How long?	
Phone:	Web:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Income:

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Medical Information

Do you have a communicable disease Y N	Describe:		
What is the treatment:	Who is treating:	Phone:	
Comments:			

Rehabilitation Information

Facility Name	City:	State:
When Entered	When Completed:	Satisfactory: Y N
Previous address:		
Counselor Name:	Phone :	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?

Legal System Information

Have you been convicted of a crime (Misdemeanor or Felony): Y N	ID #:	
Describe:	When:	
Institution:	City:	State:
Parole or Probation Officer:	Phone:	
Date of Release:	When off Probation/Parole	Restitution:

References

Name:	Address:	Phone:

This application is for Residency at a Kokopelli Group Home facility. This information will be reviewed by Kokopelli Management and the Facility Residents. I do assert that the above information is accurate. I authorize the verification of the information provided on this form as to my healthcare, medical, legal, credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
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