



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:	Mental Health Score:		

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 admission to a Kokopelli Group Home Program. This information will be reviewed by Kokopelli Management and the Program Participants. 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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Kokopelli Group Home, LLC
 1825 South Cholla Street
 Mesa, AZ 85202

Transitional Program Assignment Upon Release

FAX: (480) 275-3040 **Office:** (480) 820-2121
Steve Cell: (480) 620-2036 **Dorothy Cell:** (480) 620-2039
Email: Kokopelli@azrecovery.org

Please print

Date: _____ / _____ / _____
Name: _____ **ADC#** _____
Current ASPC Facility: _____ **Bed:** _____
Corrections Officer: _____
ASPC Phone / Extension: (_____) _____ - _____ **Ext:** _____
ASPC FAX: (_____) _____ - _____
Estimated Release Date: _____ / _____ / _____

I am a registered sex offender: Yes No **(Please Check)**

TO: Kokopelli Group Home:

This is my response indicating my intention to be released to the Kokopelli Group Home, LLC Program. I will communicate further with you as soon as I have a positive date for my release. I will retain a copy of this document and the Kokopelli Group Home, LLC acceptance letter for my processing when being released.

I understand that the current fees of \$262.29 (Deposit \$130.00 plus \$132.29 for the week.) must be paid in advance or upon arrival paid by money order or Arizona Department of Corrections Check, made payable to: Kokopelli Group Home, LLC.

Note: There may be a prorated amount due if you come in mid-week.

Note: Kokopelli Group Home, LLC, is a minimum 90 Day Transitional Program. I understand that I can remain in the program after 90 days. The current Deposit of \$130.00 is refundable after the 90 Days commitment and with a written 7 day notice to leave the program.

Please Print Name Legibly

Please Sign Here

Date