



Please send completed form to:
Admissions - CooperRiis
101 Healing Farm Lane
Mill Spring, NC 28756
828-894-7140 Phone / 828-894-7111 Fax

Resident Application

Please print

Applicant's Name _____
Address _____ City _____ State/Zip _____
Phone _____ Cell _____ Other _____
Applicant's Social Security Number _____ Email _____
Date of Birth ____ / ____ / ____ Male Female Marital Status _____

We invite you to tell us about yourself.

You may do so on this form, or wait until your visit here and speak with us in person.

1) What are some of your hopes or dreams for your future?

2) Based on what you know about CooperRiis at this point, how do you think we could be helpful to you?

3) What is your current situation? Where are you emotionally and physically?

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Call or email admissions@cooperris.org with any questions.

Resident Application *(Continued)*

4) Please tell us about some of your past accomplishments such as school, work, relationships, athletics, or other achievements.

5) What else do you like to do for enjoyment, such as music, hiking, reading, writing, etc.?

6) What else would you like to tell us?

Signature _____ Date _____