

Application For Admittance

Date ___/___/___ Desired Intake Date ___/___/___
 Name and Agency of person making referral _____
 Phone Number _____ Fax _____ Email _____

Basic Client Profile

First Name _____ MI _____ Last Name _____ Suffix _____
 Alias _____ Zip code of prior residence _____

SS#	_____/_____/_____	Date of Birth	_____/_____/_____	
	<input type="checkbox"/> Copy of Card <input type="checkbox"/> Don't Have <input type="checkbox"/> Don't Know		<input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Don't Know	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	_____	
Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Don't Know	
		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered Male to Female <input type="checkbox"/> Transgendered Female to Male	
	Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Status	
	Service Date	_____	Type of Discharge	_____
	DD214	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month Date Year	_____
Marital Status	<input type="checkbox"/> Never Married <input type="checkbox"/> Married and living with spouse <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Annulled <input type="checkbox"/> Separated <input type="checkbox"/> How many marriages? _____	Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Names, age and Contact information	_____	
		Owe Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No	Support Arrears	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Residence Prior to Program Entry	<input type="checkbox"/> Emergency Shelter (including hotel/motel paid with emergency voucher)	<input type="checkbox"/> Room, apartment, or house that you rent		
	<input type="checkbox"/> Transitional housing for homeless persons	<input type="checkbox"/> Staying or living in family member's room, apartment or house		
	<input type="checkbox"/> Permanent housing for formerly homeless persons	<input type="checkbox"/> Staying or living in a friend's room, apartment, or house		
	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Hotel/Motel paid without emergency voucher		
	<input type="checkbox"/> Substance abuse treatment facility/detox center	<input type="checkbox"/> Place not meant for human habilitation (vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)		
	<input type="checkbox"/> Hospital (non-psychiatric)	<input type="checkbox"/> Jail or prison		
	<input type="checkbox"/> Apartment or house that you own	<input type="checkbox"/> Other		
Emergency Contact	Name _____	Disabling Condition		
	Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Relationship _____	Explain:		
	_____	_____		
	Name _____	_____		
Phone _____	_____			
Relationship _____	_____			

Substance Use History (Check all that apply)

Substances used in the past twelve months

(Complete all that apply) use	Daily	3-5x/week	1-8x/month	once a month	Less than Amount/date of last
<input type="checkbox"/> alcohol	_____	_____	_____	_____	_____
<input type="checkbox"/> amphetamines/speed	_____	_____	_____	_____	_____
<input type="checkbox"/> barbiturates/downers	_____	_____	_____	_____	_____
<input type="checkbox"/> heroin	_____	_____	_____	_____	_____
<input type="checkbox"/> cocaine	_____	_____	_____	_____	_____
<input type="checkbox"/> crack cocaine	_____	_____	_____	_____	_____
<input type="checkbox"/> hallucinogens (e.g., LSD)	_____	_____	_____	_____	_____
<input type="checkbox"/> inhalants (e.g., glue, gas)	_____	_____	_____	_____	_____
<input type="checkbox"/> marijuana or hashish	_____	_____	_____	_____	_____
<input type="checkbox"/> opiates	_____	_____	_____	_____	_____
<input type="checkbox"/> PCP	_____	_____	_____	_____	_____
<input type="checkbox"/> Benzodiazepines	_____	_____	_____	_____	_____
<input type="checkbox"/> other _____	_____	_____	_____	_____	_____

In the past twelve months what is the longest period of abstinence? _____

IV drug use in the past twelve months? Yes No

Any history of IV drug use? Yes No

Family alcohol/drug abuse history:

- Father Stepparent/live-in
- Mother Uncle(s)/Aunt(s)
- Grandparent (s) Spouse/significant other
- Sibling(s) Children
- Other _____

Treatment history: -for self

- Outpatient _____
- Inpatient _____
- 12-step program _____
- Stopped on own _____
- Other _____
- Describe: _____

Prior treatment attempts both In-patient and Out-patient

Date	Location	Reason for leaving

Medical History (check all that apply)

Describe current physical health: Good Fair Poor Is the client self-ambulatory? Yes No

List name of primary care physician: (if any)

Name _____ Phone _____

List name of psychiatrist or mental health Provider: (if any)

Primary psychiatrist
Name _____ Phone _____ Contact number _____

Do you have any special dietary needs?	Do you have allergies to dogs or cats?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

List any medications currently prescribed include those given in the ER

Name	Amount(daily)	Prescribed by	Currently taking Y or N (If not why)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does client have a history of suicide attempts or violence toward self? Yes No
If yes, Date _____ Method _____

Does client have a history of violence toward others? Yes No
If yes explain: _____

Disabilities

Physical Disability <input type="radio"/> Yes <input type="radio"/> No	Mental Illness <input type="radio"/> Yes <input type="radio"/> No
If yes, currently receiving services or treatment <input type="radio"/> Yes <input type="radio"/> No	If yes, currently receiving services or treatment <input type="radio"/> Yes <input type="radio"/> No

Legal History

Has the client ever been convicted of a felony? Yes No
If yes, explain: _____

Facing any legal charges? Yes No
If yes, list charges and court dates

Is there a detainer on the client? Yes No
If yes, give name and phone number of persons who must be contacted prior to discharge.

Is the client currently on probation or parole? Yes No
What is the name and number of the PO? _____

Is the client a sex offender? Yes No
Is the client required to register with the state as a sexual offender? Yes No

Employment/Education			
Employed	<input type="checkbox"/> Not employed	Employment Skills	
	<input type="checkbox"/> Yes, Full-time or Part-time		
	<input type="checkbox"/> Yes, Odd jobs		
	<input type="checkbox"/> No, retired		
	<input type="checkbox"/> Other		
Are there any medical or other issues that prevent you from working or limit the type of work you can perform?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Education			
Highest Level of School Completed	<input type="checkbox"/> No Schooling Completed	Vocational Training	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 7th grade or under		
	<input type="checkbox"/> 8th, 9th, or 10th grade	If yes explain:	
	<input type="checkbox"/> 11th grade, 12th grade orl GED		
	<input type="checkbox"/> Some College		
<input type="checkbox"/> Bachelors Degree			
<input type="checkbox"/> Masters Degree			

Residency Requirements

1. Agree to stay alcohol and drug free. **Failure to do so will result in immediate dismissal.**
2. Agree to random drug and alcohol testing.
3. Agree to ACTIVELY work a twelve-step program and attend all mandatory meetings.
4. Residents must obtain an active twelve-step sponsor within 2 weeks of entering the house.
5. Respect the rights, views, and property of others.
6. Agree to contribute to the cleanliness of the house by doing their assigned chores and picking up after themselves.
7. Agree to abide by all house rules.
8. Be able to pay rent.