

# Together We Can Consulting Recovery House Application



Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Last known address: \_\_\_\_\_

## Legal:

Are you currently on Parole/Probation/Diversion? Yes \_\_\_ No \_\_\_ Unsure \_\_\_\_\_

Officer's Name: \_\_\_\_\_ Gallery#/DOC# \_\_\_\_\_

Nature of your conviction: \_\_\_\_\_

Are you attending 12 step meetings? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

## Tobacco Use:

In the past 3 months, how many days did you smoke cigarettes or other tobacco products? \_\_\_\_\_

Do you often smoke more than 10 cigarettes a day? Yes \_\_\_ No \_\_\_

## Alcohol Use:

In the past 3 months, how many days did you consume 5 or more drinks containing alcohol in one day? \_\_\_\_\_

In the past 3 months, has anyone expressed concern about the amount you are drinking?  
\_\_\_\_\_

## Prescription Drug Use:

In the past year, how often have you used any prescription medications just for feeling, more than prescribed or medications that were not prescribed for you? \_\_\_\_\_

In the past 3 months, did you use a prescription opiate pain reliever (Percocet, Vicodin) not as prescribed or not prescribed for you? \_\_\_\_\_

In the past 3 months, have you tried and failed to cut down or stop using an opiate pain reliever? \_\_\_\_\_

**Drug Use:**

In the past month, how often have you used marijuana (weed or blunts)? \_\_\_\_\_

In the past month, how often have you used any drugs, including marijuana, cocaine, or crack, heroin, methamphetamines, hallucinogens, or ecstasy? \_\_\_\_\_

If yes, please list any drugs used \_\_\_\_\_

In the past 3 months, have you used a medication for anxiety or sleep?

(Xanax, Ativan)? Yes \_\_\_ No \_\_\_ Unsure \_\_\_

Do you have a Substance Abuse problem? Yes \_\_\_ No \_\_\_ Unsure \_\_\_

**Medicine Assistance Therapy**

Are you currently participating in MAT program? Yes \_\_\_ No \_\_\_ I

f yes, what medication \_\_\_\_\_

**Mental Health:**

Do you have a Mental Health condition? Yes \_\_\_ No \_\_\_ Unsure \_\_\_

Have you been diagnosed with a mental health condition? Yes \_\_\_ No \_\_\_ Unsure \_\_\_

Are you currently being treated for a medical condition? Yes \_\_\_ No \_\_\_

If yes, describe condition: \_\_\_\_\_

Have you ever been hospitalized for a mental health condition? Yes \_\_\_ No \_\_\_

Are you currently seeing a psychiatrist or therapist? Yes \_\_\_ No \_\_\_

If yes, describe history: \_\_\_\_\_

Do you feel down, depressed or hopeless? Yes \_\_\_ No \_\_\_

Do you have trouble concentrating on things, such as reading or?

watching television? Yes \_\_\_ No \_\_\_

Do you have thoughts of hurting yourself or days when you think you would be better off dead? Yes \_\_\_ No \_\_\_ -- If so when? \_\_\_\_\_

**Additional Information:**

Have you ever had a Recovery Works Referral? Yes \_\_\_ No \_\_\_

Have you lived in another recovery housing program? Yes \_\_\_ No \_\_\_

Why do you want to come to a TWC Recovery House?

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**Admission Criteria:**

1. Are you 18 years of age or older? Yes \_\_\_ No \_\_\_
2. Do you suffer from substance abuse problems and need a residential support housing?  
Yes \_\_\_ No \_\_\_
3. Are you detoxed? Yes \_\_\_ No \_\_\_
4. Do you lack a permanent nighttime residence? Yes \_\_\_ No \_\_\_
5. Are you psychiatrically stable and if so, if you are prescribed psychotropic medications, are you willing to comply with mental health treatment plan by taking and refilling your medications as prescribed? Yes \_\_\_ No \_\_\_
6. Are you willing to participate in your assessment's recommendations including house meetings? Yes \_\_\_ No \_\_\_
7. Are you willing to agree in writing to abide in all TWC's policies? Yes \_\_\_ No \_\_\_
8. Are you willing to seeking and maintain gainful employment during residency if applicable? Yes \_\_\_ No \_\_\_
9. Do you agree maintaining responsibility for payment of any services fees that may occur? Yes \_\_\_ No \_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date