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?

_____

_____

Emergency contact: _____ Relationship: _____

_____ _____

Signature Date