



Advocate House

P. O. Box 9083
 Huntington, WV 25704-0083
 Fax Number: (740) 451-0509
 Website: www.advocatehouse.com
 Email: admin@advocatehouse.com

Please mail/fax/email the application to Advocate House. If you need more space to answer any questions attach additional pages. For more information, please contact (304) 208-0215

The Advocate House is a Christian Faith Based Program that utilizes Alcoholic Anonymous' 12 Steps and Church. The Advocate House Program is 7 – 9 months.

ADMISSIONS APPLICATION

ALL BLANKS MUST BE COMPLETED!

Name:			SSN:	
Residence:			Phone:	
Age:	Date of Birth:	Place of Birth:		
Race:	Sexual Identity:	Sex:	Marital Status:	Children:

Education Completed:	Do you have a Current State ID? Yes or No
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Have you been in our house before? Yes or No	When:
Why have you chosen our house?	

Referred by (Name)	(Agency)
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MEDICAL/PSYCHIATRIC HISTORY			
Psychiatric History		Yes or No	
Where?		When?	
Reason for admission:			
Current medical conditions including HEP C, AIDS, HIV positive, allergies, etc.:			
Current emotional status:			
Current Medication	For What?	Current medication	For What?
Have you ever attempted suicide? Yes or No			

ALCOHOL/DRUG TREATMENT PROGRAMS/HOUSES			
Where:	When:	Length:	
Detoxification:	When:	Length:	
If you are currently in an alcohol/drug treatment program what is your expected date of release?			
Have you ever been to AA? Yes or No		Have you ever been to NA? Yes or No	

ALCOHOL/DRUG HISTORY	
Do you have an alcohol problem? Yes or No	Date you last drank:
Do you have an illicit drug problem? Yes or No	Date you last used:
Seizures? Yes or No	Have you ever overdosed? Yes or No

History of DT's? Yes or No	Blackouts? Yes or No
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List any drugs and date last used:

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Longest period of previous sobriety?

EMPLOYMENT

Work Experience:

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How long:

Are you receiving any other form of compensation? If yes, what type?

LEGAL HISTORY

List all charges pending:

Next Court Date:

Are you currently in jail? Yes or No	For what?
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Lawyer's Name:	
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Lawyer's Phone Number:	
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Lawyer's Email Address:	
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Case Worker's Name:	
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Case Worker's Phone Number:	
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Case Worker's Email Address:	
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Probation? Yes or No	If yes for what?
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Probation Officer's Name:	Phone Number:
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Parole? Yes or No	If yes for what?
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Parole Officer's Name:	Phone Number:
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Are you a convicted felon? Yes or No	For what?
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Have you been convicted in the last 7 years of a drug felony? Yes or No	If yes when?
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Have you ever been classified a sexually oriented offender or sexual predator? Yes or No
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Have you ever been convicted of arson? Yes or No
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What is your financial plan to pay the program fees and purchase essentials?
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Are there any other statements you would like to make?
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Emergency Contact Name/Phone Number:

Emergency Contact Name/Phone Number:

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Signature	Date
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