



Independence Again

Intake / Application for participation in Transitional Living Community

Date: _____ Time: _____

Person Inquiring: _____ Relationship to Individual: _____

Circle Program applying for: Women, Women with Children, Women MAT, Men, Men with Children, Men MAT

*MAT programs are only approvable when the applicant has been on MAT prior to arrival & has a titrating plan from a prescribing doctor.

Individuals: First _____ Middle _____ Last _____

Maiden: _____ Nickname: _____ TOMIS No. _____

Address: _____

Phone #: _____ E-mail address: _____

SS#: _____ - _____ - _____ DOB (mm/dd/yyyy): _____ Age: _____ Gender: M / F

Driver's License and/or State ID #: _____

Race: _____ Marital Status: _____ Planned Admit Date: _____

How invested in your recovery are you? On a scale of 1 – 10 (1 being someone wants me to do it and 10 being I will not let anything stand in my way; please explain) _____

Are you able and willing to follow the rules of the house that include but are not limited to regular meetings, curfew, weekly dues, educational classes, working, chores, group sessions, and compliance with medical and mental health if needed? **Yes No**

Emergency Contacts Information:

Name/Address/Phone#/Email/Relationship: _____

Name/Address/Phone#/Email/Relationship: _____

Dr.'s / PCP Name: _____ Phone #: _____

Mental Health Providers Name: _____ Phone #: _____

MAT Applicants only: Antabuse (Disulfiram); Buprenorphine (Probuphine); Buprenorphine with Naloxone (Suboxone, Zubsolv, Bunavail); Champix; Nicotine Patches, Microtab, Gabapentin (Neurontin, Horizant, Gralise); Pregabalin (Lyrica); Varenicline (Chantix); Zyban *MAT programs are only approvable on a case-by-case basis and strict conditions apply.

Housing and Income Information:

Are you currently homeless? **Yes No** if yes; last shelter name and #: _____

Are you sleeping in a placed not designed for human habitation Y / N or Housing Provided by a Program Y / N

Current or last address, if incarcerated which jail: _____

Current Source of Income: _____ How will you pay entry fee?: _____

Accountability Partners:

Do you have external supervision (i.e. probation, parole, case manager, lawyer, DCS)? **Yes No**; Who/Phone/Address/Email _____

Have you had external supervision in the last year that is not current? **Yes No**; explain _____

List the name and number of your Sponsor (please get their permission first) _____

List the name and number of people who are willing to be part of your sober support team. _____

Legal current and history:

Are you currently involved in the legal system in any way? _____

Please list any pending court dates and with which Judge: _____

Please list any criminal or civil charges that have been brought against you and the outcome: _____

Are you a convicted sex offender? **Yes No** Do you have pending charges for a sex crime? **Yes No**

Use History: List First and Last Time you used the following substances: (Please be specific) N/A means you have NEVER used this substance

Alcohol: _____ Opioid: _____ Meth/Amphetamines: _____

Hallucinogen: _____ Cocaine: _____ Cannabis: _____

Benzodiazepines: _____ Synthetics: _____ Suboxone: _____

Tobacco: _____ Others Not mentioned: _____

Last time you snorted a drug: _____ Last time you used IV drugs: _____

Medical, Mental Health and Insurance History:

Please list any medical illnesses or stressors that you have or may have. _____

*If you arrive with a medical illness that we are not aware of or able to monitor we will not be able to admit.
Please list any mental health illnesses or stressors that you have or may have:

When was the last time you attempted suicide; tell me about what happened? _____

Please list any pharmacies you have used in the last year: _____

Please list all medications you have taken in the last year: _____

Please list your insurance company's name, and phone number (if you do not have insurance have you applied for insurance):

Work and Education:

Are you able to work full time? **Yes No**; please explain: _____

Please list briefly your past work experiences: _____

Please list your job skills: _____

Are you able to perform household chores? **Yes No**; please explain: _____

What was the last grade you completed in school? _____

Economic:

Weekly Due: \$155.00 fee is due by Sunday evening thereafter. This fee covers the cost of rent, utilities, Internet and case management. *This fee does not include the cost of food.* Discount is given when paid monthly or yearly. \$3.00 a week to cover toilet paper, paper towels and basic cleaning supplies.

- Are you able to afford the weekly dues that Independence Again has? **Yes No**
- Are there any financial commitments that will make it hard for you to pay your transitional living fees? **Yes No**; please explain _____

Deposit: \$310.00 fee is due upon entering Independence Again. ½ of this fee will be applied to your rent upon completion of Phase 1; the remaining ½ will be applied to the rent upon completion of Phase 2. *Residents who do not complete these phases forfeit their deposit.

Grant Funding, State Funding and Sponsorship Options: Independence Again has several options for financial aid when funds are available and conditions do apply. RHP is for court ordered residents not on furlow; TN-ARP requires treatment planning and sponsorship requires participation in activities and services. Each program is a privilege and may be subject to approval prior to admit. No funding covers 100% of your stay with Independence Again as this would not help instil budgeting and independent skills.

Transportation Fee: Public transportation is the primary mode of transportation. Cost is \$1 - \$2.50 one way or less; and the residents responsibility. Staff transportation will be handled on a case-by-case basis; when staff is available. *Transportation assistance plans are available upon admit for public transportation to eliminate upfront transportation costs

***Inability to remain current on fees may result in discharge from the Independence Again program. All fees are used to sustain the facility and provide high quality care for current and future residence. If you are in need of financial support or sponsorship please advise staff as soon as you are aware of the hardship, seek support from friends and family or local resources. (policy FS-001 & FA-001 address this risk)

Recovery and Treatment History:

Please list all places you have attended treatment at in the past and when (i.e. Inpatient, Detox, Partial Hospitalization, Substance Abuse IOP, Substance Abuse LIOP, Continuing Care): _____

Do you see any barriers to attending Narcotics Anonymous, Alcoholic Anonymous, Celebrate Recovery or other 12-step meetings as recommended? **Yes No**; please explain: _____

Do you understand that if you use alcohol and drugs while in this program that you can be required to complete inpatient or be discharged unsuccessfully from the program? We will measure behaviors and conduct random Drug Screens to help monitor risk of use. You must comply with all the rules and expectations clearly listed on our phase checklist of the program in order to complete the program. Our program **can not** be completed in less than 6 months and takes as long as it takes. (Do you agree and understand to participate till you complete the program?) **Yes No**

If you fail to complete the program you may not be eligible for re-application, understand? **Yes No**

Please answer the next 5 questions to the best of your ability:

- 1. What do you hope/expect to get out of Sober Transitional Living? _____

- 2. What goals can the staff and other members of Independence Again help with: _____

- 3. How long do you feel it will take to accomplish your goals and be able to live independent of TLC: _____

- 4. Additional comments and concerns: _____

Submit an application and questions to App@IndependenceAgain.org or fax to 931-401-4670

Please call: **931-510-9775 (Lynda)** once your application is submitted or **931-933-5914 (Ashley)** for the Women with children program or **931-933-5814 (Justin)** for the Men's programs. - We check the email and fax multiple times a week; however, not daily.

Signature of applicant: (by signing you are agreeing to the rules) Date: _____

Signature of supportive family/peer: (by signing you are agreeing to the rules) Date: _____

Approved by Independence Again Staff/Volunteer: Date: _____