VERUS HOUSE INTAKE FORM

Date of application: _____

Contact Information

Name_____ **Birth Date** _____

SS# _____

Current Address _____

City and State_____

Phone number_____

Email address_____

Current AA group and/or Church you attend. How often?

_____

Own a Car? Y / N. Current registration: Y / N. Tabs exp: Month_____ **Year**_____

Driver's License # _____ **Insurance Co.**

name / policy# and expiration: _____

Outstanding tickets or fines? Y / N: If 'Yes,' please provide details _____

_____

Emergency Contact

Contact name_____

Contact number_____

Contact relationship_____

Sponsor/Mentor Information

Sponsor/Mentor name_____ **phone no.** _____

How often do you meet? _____

Drug/Alcohol & Treatment History

Substances Abused:

Heroin__, Crack__, Oxycontin__, Alcohol__, Marijuana__, Percocet__, Kratom__, Meth__, Cocaine__, Ketamine__, Ecstasy__, Other__, Tobacco smoker ? Y / N

Sobriety Date: _____

Previous Treatment Center:

Name of organization_____

Contact name_____

Address_____

Dates of service (approximate)_____

Previous Sober/Transitional housing:

Name of organization_____

Contact name_____

Address_____

Dates of service (approximate)_____

Legal Information

On Parole ? Y / N: On Probation? Y / N: County_____/State_____

Parole or Probation officers name and number: _____

Pending Charges? Y / N Warrants? Y / N (if 'yes,' please give specifics)

_____

Sex offender? Y / N Arsonist? Y / N DWI's? Y / N Interlock device? Y / N

Medical Information

Do you have medical insurance currently? Y / N:

Insurance provider_____

Prescription medications currently taking. (Suboxone and Methadone are not allowed while living at Verus House). _____

_____

_____

Dr. Name and Phone number_____

Allergies? Y / N: _____

Any Suicide attempts? Y / N: If 'Yes,' when? _____

Employment Information

Currently employed Y / N:

Place of work_____

Current hourly/monthly salary_____

Supervisor Name and Phone number_____

Work/shift hours (starting time ending time) _____

How long employed at this company/organization? _____

Is this a long-term continued employment prospect? Y / N:

What have you done in the past? What job would you like to have?

_____

Financial Condition

Checking /Savings Account? Y / N: If 'No,' why not?

_____

Total $ debt owned? _____

Child support owed? Y / N: Back child support owed? Y / N:

If 'Yes,' amount: _____

Do you have a debt payment plan in place? Y / N:

If 'Yes,' please provide details _____

_____

Goals and Aspirations

What is one thing you'd like to accomplish in the next:

- **30 days:** _____
- **3 months:** _____
- **6 months:** _____

What longer term goals do you have? (One to three years)

_____

_____

_____

Miscellaneous

What are 3 things that I might not know about you that were not asked? (Example: I am a cook, a pilot, or I have skills in basketball.)

_____

_____

_____

_____

Who referred you to Verus House? _____

Why do you want to live at Verus House?

_____

_____

Acceptance & Verification

I hereby certify that the information above is **true and accurate** and that the Verus Community House may utilize the information in rendering a decision on my acceptance into the transitional living program they facilitate.

_____ _____

(applicant signature) (date)