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Phases Transitional Housing Program Application

Offered through Wilkes Recovery Revolution, Inc.

Name: _____ Date: _____

Address: _____

City: _____State_____ Zip code_____

Birth place _____ county _____

Do you maintain a primary residence? _____ Yes _____ No

Are you homeless? _____ Yes _____ No if yes, for how long? _____

Telephone: Home_____ Mobile _____

Age: _____ Birthdate: _____ Sex: _____ Race_____

Marital status: _____ Maiden name: _____

(if married give spouse name) spouse: _____

highest level of education completed: _____

SSN: _____

REFERRAL INFORMATION

Referring agency _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____ FAX: _____

EMPLOYMENT INFORMATION

Are you currently employed? ____ Yes _____ No

Employer's name _____

Previous employer's name/ dates employed _____

Reason no longer there _____

Are you a U.S. veteran? _____Yes _____No

If yes, what branch_____
Honorable discharge: _____ dishonorable discharge: _____

Do you have any work restrictions? _____
Describe prior work experience or assets:
_____

_____

FINANCIAL INFORMATION

Do you own property? _____ Yes _____ No if yes describe: _____
_____

Do you own an automobile? _____ Yes ____ No If yes describe: _____

_____

Are you ordered to pay child support? _____ Yes _____ No

Are you behind? _____ Yes _____ No If so, how much? _____

Do you receive any ongoing financial reimbursement for any reason? (disability, trust funds, etc.) _____
Yes _____ No if yes explain: _____

_____

Are you currently applying for disability (ssi, ssdi)? ____ Yes ____ No

If yes for what reason? _____

FAMILY HISTORY

Does anyone in your family have a history of alcohol and/or drug abuse? ___ Yes ___No

If yes, please check all that applies. _____ father ____ mother ____ grandparent(s)
____ siblings ____ stepparent (live in) ____ uncles/aunts ____ spouse or significant other
____ children ____ caretaker
Please describe your current circumstances with your immediate family: _____

_____

_____

What is your parent's current marital status?
____ married to each other
____ separated for ____ years
____ divorced for ____ years
____mother remarried ____ times
____father remarried ____ times
____ mother involved with someone
____ father involved with someone
____ mother deceased for ___ years, your age at mother's death ____
____ father deceased for ____ years, your age at father's death ____
Describe your childhood family experience:
____ outstanding home environment ____ normal home environment
____ chaotic home environment
____ witnessed physical/verbal/sexual abuse toward others
____ experienced physical/verbal/sexual abuse from others

CHILDREN INFORMATION:

NAME OF CHILDREN	AGE OF CHILD
_____	_____
_____	_____
_____	_____
_____	_____

Who currently has custody of children:
_____

is child currently enrolled in school? ____ Yes ____ No

other agencies involved: □ dss □ juvenile court □ gal □ other

If dss is involved, what is your social worker's name: _____
Address: _____
phone: _____ fax: _____

SUBSTANCE ABUSE HISTORY

Please list in order of preference all drugs used past to present. This must be completed.

Drug	Amount used at peak	Age at first use	Method of use	Date of last use

Consequences of substance abuse (check all that apply):
___ Hangover ___Withdrawal symptoms ___ Sleep Disturbance ___ Binges ___ Suicidal Impulse
___ Seizures ___ Medical Conditions ___ Assaults ___ Job Loss ___ Blackouts ___ Tolerance Change
___ Arrests ___ Overdose ___ Loss of control amount used ___ Relationship Conflicts
___ Other _____

On a scale of 1 to 10:

(no problem) 1 2 3 4 5 6 7 8 9 10 (very serious problem)

How serious of a problem do you think you have with drugs/alcohol? _____

How motivated are you to make changes in your life currently? _____

Have you ever been in a recovery house? ____ Yes ____ No

If yes..... Name: _____

Where? _____

When? _____

How long? _____

Why did you leave? _____

Have you ever been in an outpatient treatment program? ____ Yes ____ No

If yes.... Name: _____

Where? _____

When? _____

How long? _____

Did you complete? ____ Yes ____ No

If no, why did you leave?

_____

Have you ever been in an inpatient treatment program? _____ Yes _____ No

If yes… Name: _____

Where? _____

When? _____

How Long? _____

Did you complete it? _____ Yes _____ No

If no, why did you leave? _____

_____

How many times have you completed detox? _____

Do you consider yourself an alcoholic / addict? ____ Yes ____ No

Do you currently have a sponsor? ____ Yes ____ No

Are you working or willing to work the 12 steps? ____ Yes ____ No

Are you currently attending AA/NA meetings? ____ Yes ____ No

If yes, how many per week? _____

Have you ever overdosed? _____ Yes _____ No If yes answer the following questions.

How many times? _____

What were the circumstances surrounding the overdose? (when, where,

why, etc.) _____

_____

Where you revived by naloxone? _____ Yes _____ No

MEDICAL HISTORY:

Are you currently under the care of a physician? ____ Yes ____ No
If yes, Name: _____ Address: _____
City: _____ State: _____ Phone: _____
Reason: _____

Do you suffer from or have experienced any of the following?

Diabetes: ____Yes ____No: (if yes, please explain)
_____
high blood pressure: ____Yes ____No : (if yes, please explain)
_____
Heart disease: ____Yes ____No : (if yes, please explain)
_____
stroke: ____Yes ____No : (if yes, please explain)
_____
Seizures: ____Yes ____No : (if yes, please explain)
_____
_____
liver or kidney disease: ____Yes ____No : (if yes, please explain)
_____
Thyroid or hormonal: ____Yes ____No : (if yes, please explain)
_____
Cancer: ____Yes _____No : (if yes, please explain)
_____
have you ever been tested for aids/ hiv, stds, hep a b c d? _____ Yes _____ No

If yes test date and result: _____
_____

Are you pregnant? ____Yes _____No: (if yes, due date.)
_____
list prescribed and over-the-counter medications not list above:
_____
_____
_____
_____

Do you have any allergies to environment, food, or medication? _____ Yes _____ No

If yes, please explain: _____

MENTAL HEALTH HISTORY:

Have you ever been hospitalized and/or treated for any mental health issues?

____ Yes ____ No

if yes please answer the following questions:

was it voluntary or involuntary? _____

Are you currently taking any mental health medications: _____ Yes ____ No if so, name and dosage:

_____

_____

_____

_____

Do you have a family history of mental health problems? _____ Yes _____ No

If yes, in what way? _____

_____

Have you ever been sexually assaulted? ____ Yes ____ No

If so, have you received counseling for this? _____ Yes _____ No

Are you currently suicidal? _____ Yes _____ No

Have you ever tried to commit suicide? _____ Yes _____ No If yes, date _____

Have you ever had cutting or bulimic behaviors? _____ Yes _____ No

Have you ever been the victim of a violent crime? _____ Yes _____ No

Do you currently have a health care provider? _____ Yes _____ No if yes please list your current provider. _____

How did substance use affect your mental health? _____

_____

_____

CRIMINAL JUSTICE INFORMATION

Have you ever been convicted of a crime? _____Yes _____No

If so, please give nature of charge and date of convictions:

_____

_____

_____

Did any of these convictions lead to incarceration? _____Yes _____No

If so, please list institution and year of confinement:

_____

_____

_____

Are you currently incarcerated? ___ Yes ___ No if yes which facility? _____

_____

Expected release date? _____

Have you ever been convicted of a sexual offense? __Yes ___No

If so, please list where _____
opus number: _____

PAROLE OR PROBATION OFFICER

Officer's name: _____

address:_____

Telephone: _____

Fax: _____

Do you have any pending legal actions or outstanding warrants? _____ Yes _____ No

If yes list them by name and date: _____

_____

when is your next court date? _____

Where is your court date? (city, state, county) _____

What is your attorney's name? _____

Address _____

Phone _____

Fax _____

MISCELLANEOUS:

Will you have your admissions fee? _____Yes _____No

How much will you bring with you? _____

Do you have a valid NC driver's license that you will bring with you? _____Yes _____No

If yes, what is your license number? _____

Do you have a vehicle? _____ Yes _____ No

Do you have a photo ID that you will bring with you? _____Yes _____No

If yes, what is your ID number? _____

Do you have any future appointments (i.e. DOCTOR'S, DENTIST, SOCIAL SERVICES)? If yes, please explain.

_____

_____

_____

_____

_____

NOTIFY IN CASE OF EMERGENCY:

Name: _____ Address: _____

City: _____ State: _____ Zip code: _____

Telephone number: _____ Mobile number: _____

Work number: _____ Relationship: _____

AFFIRMATION

I affirm that my answers and information provided by me in this application are true and accurate. I understand that if I am accepted in the program, any misinformation and/or dishonest answer may be grounds for my dismissal from the Phases Program. I also understand that should any other information concerning me arise while I am in Phases that renders me ineligible to continue, I will be discharged.

Signature _____ Date _____

MENTAL STATUS: (To be filled out by counselor or caregiver) (CHECK AND DESCRIBE)

DANGER TO SELF:

□ NONE

□ THREATS OF SUICIDE

□ PLAN FOR SUICIDE

□ PREOCCUPATION WITH DEATH

□ SUICIDE ATTEMPTS

□ INABILITY TO CARE FOR SELF

DANGER TO OTHERS:

□ NONE

□ THREATS TO HARM OTHERS

□ PLAN TO HARM OTHERS

□ ATTEMPTS TO HARM OTHERS

ATTITUDE:

□ COOPERATIVE

□ UNCOOPERATIVE

□ RESERVED

□ SARCASTIC

□ SUSPICIOUS

□ GUARDED

□ HOSTILE

□ PRESERVATION

EMOTIONAL STATE:

□ GOOD

□ SAD/DEPRESSED

□ EUPHORIC

□ HOSTILE

THOUGHT FORM:

□ NORMAL

□ TANGENTIAL THINKING

□ LOOSE ASSOCIATIONS

□ SLOWNESS IN THOUGHT

□ INCOHERENT

□ CONFUSED

□ FLIGHT OF IDEAS

□ OTHER

INSIGHT:

□ GOOD

□ FAIR

□ POOR

THOUGHT CONTENT:

□ NORMAL

□ UNABLE TO ACCESS

□ IDEAS OF REFERENCE

□ SUSPICIOUS

□ DELUSION

□ HALLUCINATIONS

□ FEELING HOPELESS/HELPLESS

DESCRIPTIONS: (To be filled out by counselor or caregiver)

_____

_____

_____