Application for Residency

Date: _____ / _____ / _____ Time: _____ : _____ A.M. / P.M.

Name: (L) _____ (F) _____ (M) _____

Phone #: _____ County of Residence: _____

Email: _____@_____ Referred by: _____

D.O.B. _____ / _____ / _____ Age: _____ Height: _____ Weight: _____

Forms of Identification: (circle) ID Driver's License Birth Certificate Voter's Registration

Year/Make/Modes of Car: _____ Plate: _____

Are you currently employed? _____

Employer: _____ How long? _____

When was the last time you used any alcohol or drugs? _____ / _____ / _____

What was it? _____ Drug of Choice: _____

Medical problems: _____

What medications are you taking? _____

What is it for? _____

Person to notify in case of an emergency: _____

Phone #: _____ Relation: _____

How many children do you have? _____ Who is taking care of them? _____

Do you have a CPS Worker: _____ Caseworker Name & Number: _____

Are you on probation or parole? _____ PO's Name & Number: _____

Any outstanding warrants or court dates? _____ When? _____

Are you currently in prison or a facility? _____ Where? _____

Expected Release Date? _____

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I understand that Square 1 Recovery House requires an initial 90-day commitment and I will be evaluated for additional time. I also understand if I falsify any information this application, I will forfeit my standing and eligibility for residence with Square 1 Recovery House.

_____ _____

Applicant Signature / Date Volunteer / Staff Signature / Date

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PSYCH-SOCIAL QUESTIONAIRE

This questionnaire is designed to provide us with information to better assist you. Please answer each question as completely as you can. Feel free to add comments on the back.

PLEASE PRINT

Date: _____/_____/_____

Name: (Last)_____ (First)_____

PRESENTING PROBLEM

What brings you to the Square 1 Recovery House at this time? _____

_____

_____

PERSONAL ALCOHOL/DRUG HISTORY

Circle		Drug	Route	Age of first use	Describe Average Use			
					Amount	Daily	Weekly	Last Used
Yes	No	Alcohol						
Yes	No	Marijuana						
Yes	No	Crack/Cocaine						
Yes	No	Methamphetamine						
Yes	No	Heroin						
Yes	No							
Yes	No							
Yes	No							
Yes	No							
Yes	No							

PERSONAL ALCOHOL/DRUG TREATMENT HISTORY

How many times have you been treated for alcohol and other drug use? _____

Inpatient _____ Outpatient _____ Last time was? _____

Explain:

_____

_____

Attended 12-Step Meetings? Yes No AA NA CA

How many meetings did you attend a week? _____ Did you have a sponsor? Yes No

How often did you speak with your sponsor? _____

What was your impression of the meetings you attended? _____

_____

EDUCATION / EMPLOYMENT

Describe your education: (Circle all that apply) College HS GED Last Grade Completed:_____

Completed any vocational training? _____ What field? _____

Are you currently employed? _____ Where? _____

Describe your employment history: _____

_____

_____

What are your goals for education and/or employment? _____

_____

_____

LEGAL HISTORY

Are you currently on probation or parole? (circle one) Yes No County: _____

Officer's Name and Contact Number: _____

Charge: _____

Sentence: _____

Please indicate how many times you have been arrested for the following:

_____ DWI / DUI

_____ Public Intoxication

_____ Possession of a Controlled Substance

_____ Possession with Intent to Deliver

_____ Manufacturing

_____ Prostitution

_____ Theft

_____ Burglary

_____ Assault

_____ Homicide/Manslaughter

_____ Arson

_____ Fraud

Other: _____

Any pending charges or court dates? Yes or No Explain: _____

_____

_____

_____

Personal Medical History

Primary Care Physician: _____

Date of Last Doctor's Visit: _____ Explain: _____

_____

_____

Are you currently being treated for any physical problems? (Circle One) Yes No

Explain: _____

_____

_____

Please list all medications you are currently taking: _____

_____

_____

Allergies (specify): _____

_____

Hospitalizations (most recent)

Year	Where	Diagnosis

Marital / Family History

Are you currently: (circle) Single Dating Married Separated Divorced Widower

How long have you been in the above arrangement? _____

Children

Name	Age	Sex	Who is caring for the children?

Describe your relationship with your spouse / significant other: _____

_____

_____

Describe your relationship with your children: _____

Describe your relationship with the following people: _____

Father: _____

Mother: _____

Siblings: _____

Describe your support system (family, friends, church, support groups, etc.

Spiritual Status _____

How would you Describe your relationship with a Higher Power? _____

Describe you religious background: _____

Are you interested in spiritual counseling? If so, do you have a religious preference? _____

_____

Other Concerns and Information_____

_____

_____

_____

_____

Why should we consider you?_____

_____

_____

_____

_____ _____

Applicant's Signature Date

_____ _____

Applicant's Signature Date

Men's Recovery Home

Consent for Medical Treatment

Client/Patient Name: _____

DOB: _____/_____/_____

Consent for Medical Treatment:

I, knowing that I am suffering from a condition requiring diagnostic, medical, or surgical treatment, do hereby voluntarily consent to such procedures and care. I also consent to such medical surgical or other services that may be deemed necessary by Square 1 Recovery House.

I also acknowledge that the practice of medicine is not an exact science and that no guarantees have been made to me as a result of the treatments or examination by physicians.

Release of Information:

I acknowledge/authorize that Square 1 Recovery House may release patient medical information as necessary for my medical care.

_____ _____

Signature of Patient/Client or Responsible Party Date

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Men's Recovery Home 1

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

WARNING! BY SIGNING THIS DOCUMENT, YOU GIVE AWAY IMPORTANT LEGAL RIGHTS! INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!

Name: _____(L)_____(F)_____(M)

Date of Birth: _____/_____/_____ Age: _____ Phone: _____

Person to notify in case of emergency: _____

Phone: _____ Relationship: _____

DISCLAIMER CLAUSE
Square 1 Recovery House (also referred to as House), their officers, directors, employees, volunteers, members and representatives are not responsible for any injury, illness, loss or damage of any kind sustained by any person while participating in the House as a resident, including injury, loss or damage which might be caused by the negligence of the Square 1 Recovery House.

ASSUMPTION OF RISKS
In consideration of my participation in the House, I acknowledge that I am aware of the possible risks, dangers and hazards associated with my participation in the House, (including the risk of severe or fatal injury to others or myself. These risks include but are not limited to the following:

A. The possibility of bodily injury (broken bones and soft tissue damage) including dental damage from falling down, injuries incurred while getting on or of (in or out of) the mode of transportation being used for the event, being knocked down or being involved in a physical confrontation whether caused by myself or someone else.

B. Any illness I incur while a resident of the House (including, but not limited to the risk of communicable diseases such as colds, flus, viruses, funguses, bacterias, insect bites, arachnid bites or STDs.

C. The risks associated with returning to my residence.

D. Intoxication and / or alcohol and drug poisoning from the alcohol or drug I consume, under any circumstances.

INDEMNIFICATION AND RELEASE OF LIABILITY
In return for Square 1 Recovery House allowing me to voluntarily participate in the House and related activities, I agree:

1. **TO ASSUME AND ACCEPT ALL RISKS** arising out of associated with or related to my participating in the House, even though such risks may have been caused by the negligence of Square 1 Recovery House.
2. **TO BE SOLELY RESPONSIBLE FOR ANY INJURY, ILLNESS, LOSS OR DAMAGE** which I might sustain while participating in the House, even though such injury, illness, loss or damage may have been caused by the negligence of the Square 1 Recovery House;
3. **TO HOLD HARMLESS AND INDEMNIFY THE OPEN DOOR RECOVERY HOUSE:**
   A. From any and all liability for any damage to personal property of, or personal injury to, any third party resulting from my participation in the House and all related activities; and
   B. Firm any and all claims, demands, actions and costs which may arise out of my participating in the Houser even though such claims, demands, actions and costs may have been caused by the negligence of Square 1 Recovery House.

ACKNOWLEDGEMENT

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily and that this agreement is binding to myself, my heirs, executors, administrators and representatives in the event of my death or incapacity.

Signed this _____ day of _____, 20_____, in Kingsland, TX.

_____ _____
Signature of Participant Printed Name of Participant

_____ _____
Signature of Volunteer / Staff Printed Name of Volunteer / Staff