

# The Turning Point

sober living & transitional housing

## RESIDENCY INTAKE FORM

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Last 4 SS#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Message Phone Number: \_\_\_\_\_

Email Address\*: \_\_\_\_\_ Gender: \* \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Will you be requesting access to transportation services?  Yes  No

Referral Source\* \_\_\_\_\_

1. Have you been clean and sober from drugs, alcohol, including marijuana for 30 days or more?  Yes  No

2. Do you have any treatment history?  Yes  No

3. Drug of Choice: Frequency: \_\_\_\_\_ Age of First Drug Use: \_\_\_\_\_

Route of Use:  Oral  Nasal  Smoking  IV  Non-IV Injection Amount:

Last Time Used: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

4. What would you like to accomplish while sober living?

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5. Do you have any pending legal issues?  YES  NO  N/A

If yes, explain:

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6. Do you have outstanding warrants?  YES  NO  N/A

7. Do you have visual or auditory hallucinations?  YES  NO  N/A

8. Do you have a history of seizures?  YES  NO  N/A

9. Are you pregnant?  YES  NO  N/A

10. Are you currently working in the medical field?  YES  NO

If yes, where:

11. Have you ever been the victim of domestic violence, sexual assault, or stalking?

YES  NO

11a. Have you ever been the perpetrator of domestic violence, sexual assault, assault, kidnapping, murder, any crimes involving weapons, any crimes involving children and the elderly, or stalking?  Yes  No

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12. The following are not exclusionary criteria but allow us to provide you with services in a manner that is respectful to all clients.

Do you have scabies?  YES  NO  N/A

Do you have lice?  YES  NO  N/A

Do you have bedbugs?  YES  NO  N/A

13. Are you a Veteran?  YES  NO If yes, Which Branch \_\_\_\_\_

14. Are you a family member of a Veteran?  YES  NO

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Notes:

**FINANCIAL REVIEW:**

If you are paying for sober living with cash, you can pay weekly, bi-weekly, or monthly.

We accept cash and money orders. We do NOT accept checks.

**METHOD OF PAYMENT:**  Cash  money order  sponsor paid.

The client was given a tour of the facility

Emergency exits pointed out

Restrooms pointed out

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_