

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?

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

If yes, explain:

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. At least one week's payment or proof of sponsorship will be paid before residency is given.

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: _____