



The Joan Marie Lynch Scholarship

Today's Date:

TX DOA:

Expected D/C Date:

Referring Agency:	Contact Person(s):	Phone:
Client's Name:	Gender: M F Transgender: M F	Date of Birth:
Client's Address:	City:	State: Zip:
Is Client Homeless? (please circle): Y N	Current Income Type:	Current Monthly Income: \$
Client's current stage of change (please circle):	Pre-Contemplation	Contemplation Preparation Action Maintenance
Treatment History (please circle):	Detox CSS/TSS Residential/HWH	Out Patient Sober Living DOC
Date Last Used:		
(Please circle): Is Client working with a sponsor? Y N Does Client have a home group? Y N		
Medical Issues:		
Primary Care Physician:		
Current Medical Conditions:		
Physical Limitations:		
Mental Health Issues:		
Psychiatrist:	Location:	
Therapist:	Location:	
History of Trauma:		
(Please circle): Is Client on Probation? Y N Does Client have: DCF Involvement? Y N Pending Legal Issues? Y N		
Sex Crime Convictions? Y N Arson Convictions? Y N		
How would receiving the Joan Marie Lynch Scholarship help the Client?		
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What is the Client's plan on maintaining her sobriety? (example: attending therapy weekly; working with a sponsor)		
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Case Manager Signature:	Client Signature:	