

## Application for Residential Treatment for Substance Use Disorder

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Emergency Contact & Phone#: \_\_\_\_\_

County of residence: \_\_\_\_\_

Type of insurance: \_\_\_\_\_

### **Substance Use History**

**Please complete for all drugs used , past and present, including alcohol, illegal drugs, misused prescribed drugs and inhalants.**

Type of Drug Used	Route (smoking, injecting, etc..)	Frequency of Use	Amount Used	Age at First Use	Date of Last Use

**TREATMENT EPISODES**

Previous Treatment History Places & Dates:

List periods you were substance free and how you obtained sobriety:

What was your longest period of being substance free?

**HOUSING HISTORY**

Please list your current and previous housing situations for the past 6 months:

**EMPLOYMENT HISTORY**

Please list types of employment you have had as an adult:

Last date worked:

Are you receiving Social Security Disability payments or do you have an application pending?    \_\_\_Y    \_\_\_N

If yes, please describe the disability for which you receive/applied and status of application:

**FAMILY INTERACTION & RELATIONSHIPS HISTORY**

Please explain in detail your current relationship with family and how your addiction has affected the relationship:

Current family/friends that are supportive (Please list names, relationship type, and phone #'s):

Are you interested in any of the above participating in therapy sessions with you if determined to be helpful to your recovery by you and your treatment team? \_\_\_\_ Y \_\_\_\_ N

If yes, who?

Do you have minor children? \_\_\_\_ Y \_\_\_\_ N

If yes, who has custody? \_\_\_\_\_

If yes, where will they be living while you are in residential treatment? \_\_\_\_\_

\_\_\_\_\_

**LEGAL HISTORY**

Do you have any current legal charges? \_\_\_\_ Y \_\_\_\_ N

If yes, please describe charge, status of charge and county/state charged in:

Please list dates and types of any previous legal charges you may have received:

Please list dates of any previous incarcerations you have had, if any:

Do you currently have a restraining order against you or against any individual? If yes, please state who and for what reason?

Do you currently have any legal mandates regarding where you can live? (Ex. must stay in county of probation, etc...)

**Behavioral Health History**

Please list any current behavioral health diagnoses you have :

Age when diagnosed with the above:

Please list any previous behavioral health diagnoses you have had:

Age when diagnosed with the above:

Please list all current behavioral health medications:

How are your meds helping you?

If you are accepted into the program, how will you pay for your medications?

Inpatient treatment episodes (places & dates):

Outpatient treatment episodes and dates:

**Physical Health History**

Please list any physical health diagnoses/problems you have :

Please list any medications you take for the above:

How has your substance use disorder impacted your physical health treatment?

## **PERSON-CENTERED PROFILE**

If you are admitted to Freedom House Recovery Center, Inc. we will work with you to create a service plan that meets your unique needs. To assist us with this process, please respond to the questions below.

**What do people like and admire about you?**

**What's important to you?**

**How can people best support you?**

**What's working in your life right now?**

**What's not working in your life right now?**

Thank you for taking the time to complete this application as you consider participation in our program. We look forward to reviewing your information and exploring how we may best support your needs.