

Admission Application for Progress House.

Date _____

GENERAL INFORMATION

Print Name: _____ (Last, First, MI)

DOB: ____/____/____ race: _____

Current Address: _____ City _____ County _____

State _____ Zip _____ City/State of Birth _____

Telephone # Home (____)-____-____ Cell(____) - _____

Do you have a VALID Drivers License? Yes / no _____ Vehicle? Yes / No

Marital Status? _____ (single, married, separated, divorced, widowed)

Dependent children? Yes / No ages: _____

Are you ordered to pay support? Yes / No How Much? _____

Education: _____

Military Service: Yes / No Branch and years _____

SUBSTANCE ABUSE INFORMATION

Date of last drink or drug _____ Drug of choice; please list in order of preference:

1 _____ 2 _____ 3 _____

Circle all that you have ever used: Alcohol Opiates Cocaine/crack

Marijuana Benzos (valium, ect.) Amphetamines/Meth

Hallucinogens Inhalants others(list)

Use History: When did you start? _____ How did it progress? _____

Describe last 48 hours of use: _____

Family History: Parents alive? _____

Substance Abuse in Family? _____

Treatment History: 1.) most recent: _____

2.) _____

3.) _____

Were you *referred* to Progress House? _____ Referred by: _____

Do you have a sponsor? _____ Your sponsor's name: _____

How would you rate your motivation to be a resident? : 0=not motivated; 10= very motivated

Please circle your choice: 0 1 2 3 4 5 6 7 8 9 10

What do you see the Progress House providing for you? _____

What are You willing to do to get better? _____

EMPLOYMENT

Are you currently employed? _____ Where? _____

Are you currently collecting Unemployment? Yes / No Disability? Yes / No

If you are collecting disability, what is your disability? _____

What is your current monthly income? _____

LEGAL HISTORY

When was last drink/drug use? _____

Legal History: (PAST AND PENDING) LIST EVERYTHING! Use back of form if necessary) _____

Do you have a restraining/no contact order? _____

Are you a sex offender or have pending sex related charges? _____

Probation Officers Name: _____ **phone:** _____

MEDICAL/PSYCHIATRIC HISTORY

List ALL current medications: _____

List ALL Medical Problems: _____

Do you smoke? Yes / No _____ **How much?** _____ **Do you want to quit? Yes / No** _____

List All Emotional/psychiatric problems:(depression, anxiety, trouble concentrating...) _____

Have you had suicide attempt(s) Yes / No _____ **When?** _____

Please describe: _____

Have you had suicidal thoughts? _____ **When?** _____

Please describe: _____

EMERGENCY CONTACTS

1. _____

2. _____

I have read the above application and all information is true. Misinformation may result in eviction, if accepted. The nature of Progress House requires expulsion, without notice; of any resident that is found to be using alcohol and drugs. I agree to submit to a breath test or urinalysis if requested. I hereby waive any landlord-tenant rights in order to gain occupancy to Progress House.

APPLICANT SIGNATURE

STAFF INTERVIEWER DATE

Disposition

OFFICE USE ONLY

- Photo ID _____
- Vehicle registration _____
- CCPG Candidate _____
- ETS Candidate _____
- eTapestry entered _____
- Alumni _____
- Past Arrearage? _____