

Home of New Vision Recovery Residence Application

Applicants Name: _____ **Date of Application:** _____

Describe the reasons you are interested in Home of New Vision's Recovery Residence:

Personal Information

Current Address: _____ **Phone:** _____

Type of Insurance: _____ **Subscriber:** _____

Age: _____ **Date of Birth:** _____ **Social Security #:** _____

Relationship Status:				
Single	Partnered	Married	Divorced	Widowed

Employment Status:				
Full Time	Part Time	Unemployed	Disabled	Student at _____

Place of Employment: _____ **Income Per Month:** _____

Other Sources of Income: _____ **Monthly \$ Amount of Other:** _____

Number of Children: _____ **Do You Currently Have Parental Rights:** _____

Emergency Contact(s)

Name	Relationship	Phone Number

Medical/Psychiatric History

Date of Last Physical: _____ **Where:** _____

Name of Primary Care Physician: _____ **Date Last Seen:** _____

Known Medical Conditions (i.e. seizures, high blood pressure):

How many times have you been hospitalized for physical health reasons in the past year: _____

Do you have any physical limitations to living in recovery residences (i.e. walking, riding the bus, working, or completing chores): _____ **If Yes, Explain:** _____

Known Mental Health Conditions (i.e depression, anxiety):

Current Medications (Physical and Mental Health)	Prescribing Physician	Reason Prescribed	How Long Have You Been Prescribed	Taking as Prescribed	Do you have a 30 day supply of all medications

Suicidal Thoughts	Past (31 Days or More)	Current (Past 30 Days or Less)	Both Past and Current
Self-Harming Behavior (i.e. cutting)	Past (31 Days or More)	Current (Past 30 Days or Less)	Both Past and Current

Are you currently enrolled as a client of Community Mental Health: _____ How Long: _____

Are you currently receiving mental health therapy: _____ How Long: _____

If enrolled, or receiving therapy, please provide the name and phone number of your worker/therapist: _____

How many times have you gone to the hospital for mental health reasons in the past year: _____

How many times have you been hospitalized for mental health reasons in the past year: _____

Legal Status

Do you have any cases pending, or active warrants: _____ Explain: _____

Are you currently on probation/parole: _____ PO's Name and #: _____

List all Legal Charges in Past 5 Years	Date	Outcome

Substance Use History

Type of Drug:	Age of first use:	Use, dose and frequency of use in the PAST YEAR	Heaviest use in the past EVER	Date of last use	Longest period without using	Usual Rate of Administration (IV, smoke, snort, etc.)
Alcohol						
Cocaine						
Heroin						
Other Opiates						
Marijuana						
Benzodiazepines						
Other						

Name of Previous Treatment Programs for Substance Use	Date	Length of Stay	Did you Complete, (explain reasons if you did not)

Recovery History

Please list the meetings and recovery activities you've attended during the past week:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Key Supports in Recovery Community

Support Name	How Long Have They Been A Support	How Often Do You Communicate	What Makes This Person a Support to Your Recovery

Additional Information For Staff

When would you like to move in: _____

Do you have the \$350 Entry Fee: _____, If not, what are your plans to obtain:

Have you read, and understand the rules: _____

Do you have a valid photo ID: _____

Do you need assistance with any other needs? _____ Explain: _____
