

Recovery Housing Admission Screening Form

Please check the appropriate house applying for:

Bill's House

Wilson House

Name: _____ Date: _____

DOB: _____ SS #: _____

Present Address: _____

Previous Address: _____

Best way to contact? _____ Education: _____

Marital Status: _____

Source of Income (If employed, where, for how long):

Emergency Contact Person (name, relationship and phone):

Medical/Mental Health History:

Current Medications (including opiate dependence medications):

Substance(s) of Choice (include date of last use and how used):

Current Treatment (where/how often):

Practitioner's name/phone: _____

Legal Issues/Stipulations: _____

Parole/Probation Officer Name/phone: _____

Case Manager Name/phone: _____

Requested date of admission: _____

Please check the requested room type:

Single

Male double

Female double

Female Triple (Bills House Only)

Basic Needs Bed