

The Haven

Life Recovery Program Application

GENERAL INFORMATION:

Date: _____

Contact Phone Number: _____

Name: _____ DOB: _____

Address _____

City: _____ State: _____ Zip Code: _____

Insurance: Medicaid Medicare Other: (Please describe) _____

Are you a Veteran? Yes No

Do you receive services from Veteran's Administration? Yes No

Notify In case of Emergency: Name: _____ Relationship: _____

Phone#: _____ Alternate Phone#: _____

MARITAL STATUS: Single Married Divorced Separated Widowed

INCOME SOURCE:

Do you currently have any income? Yes No

If yes, where from? SSI: _____ SSDI: _____ VA: _____ Other: _____

Are you on Disability? Yes No

Do you receive food stamps? Yes No

LEGAL ISSUES:

Do you have legal matters pending? Yes No

Have you been convicted of a felony? Yes No

Have you been convicted of criminal sexual conduct? Yes No

Have you been in a substance abuse program before? Yes No

How many times? _____

If yes, when and where? _____

Please tell us why you want to enter the Life Recovery Program?

Spirituality:

Do you believe in God or a Higher Power Yes No

Explain: _____

Mental Status:

Have you received any type of mental health treatments or therapy? Yes No

Treatment type: Hospital CMH Private treatment VA

Were you diagnosed with a mental illness? Yes No

What was the diagnosis? _____

Where were you diagnosed? _____

Medical Status:

I am currently receiving medical treatment from a Physician? Yes No

For what? _____

I currently use the following medications: _____

Do you have any allergies to medications? Yes No

If so, List: _____

Do you have any other allergies? Yes No

If so, List: _____

What is your chemical use or substance use in the last 30 days? _____

What are your major life areas affected by alcohol/drugs? Or Co-occurring (Check all that apply)

- Legal Financial Employment School
- Family Marital Relationships
- Social Physical Leisure Emotional No life areas affected

Applicant Signature

Date

Applicant Inquiry: Children

How many children do you have? _____

Are you pregnant/or is your significant other pregnant? Yes No

What are their names, ages and birthdates?

Are they potty trained? Yes No

If not, check most appropriate: Almost
 Just introduced potty training
 Not potty trained at all

Do your children have any special needs?
(Behavioral challenges, allergies, physical limitations, etc?)

Please describe: _____

Have they ever stayed in someone else's care on a regular basis before?
(Daycare, babysitter, grandparents, nanny, etc) Yes No

If Yes, please describe: _____

Applicant Signature

Date



Pre-Program Entry Background Check

Last Name: _____ MI: ____ First Name: _____

Race: _____ Gender: _____ Date of Birth: _____

Please include maiden and married names.

Aliases: _____

Aliases: _____

By signing I consent to a background check solely for the purpose of a potential entry into a program at The Haven of Rest Ministries.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Background Check

Date Completed: _____

Authorized Signature: _____

**** Note: This information is for office use only, and is to be used for background checks for pre-program entrance with the Haven of Rest Ministries LRP/WLRP.***