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| **Cedar River Haven Pre-Admission/Admission Applicant Information\***  **\*Must be completed in full to be considered for follow up**  |
| Staff:  | Today's Date: | Time:  |
| Desired Move-in Date: | Reason for Move: |  |
| Applicant Name: |  |  |
| Date of Birth: | Phone: |  |
| Current Address: |  |  |
| City: | State: | Zip Code: |
| Own or Rent: | Monthly Payment or Rent: | How Long at this address? |
| Previous Address: |  |  |
| City: | State:  | Zip Code: |
| Own or Rent: | Monthly Payment or Rent: | How Long at this address? |
| Where Have you lived for the past 6 Months:  |
|   | Identification and Benefits: |  |
| ☐ Valid State I.D. | ☐ Valid Driver's License | ☐ Social Security Card |
| ☐ Birth Certificate | ☐ SNAP Benefits |  |
|  |  |  |
|  | More general information |  |
| Married | Separated | Divorced |
| Widowed | Registered Partnership |  |
| Do you have Children: ☐ Yes ☐ No | List Ages: |
| Who are they with? |  |  |
| Level of Education: | ☐ Veteran? | ☐ Pregnant? |
| Who referred you to us? |  |
| Contact information: |
| Why do you want to be a part of Cedar River Haven? |
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| Recovery and Substance Use History |
| Have you been a resident of the Cedar River Haven before? |
| ☐ Yes ☐ No | If Yes When: |
| Have you sought services for a substance use disorder in the past? ☐ Yes ☐ No |
|  | If Yes, please list all: |  |
| Where: | When: | Length of Stay: |
| Where: | When: | Length of Stay: |
| Where: | When: | Length of Stay: |
| Where: | When: | Length of Stay: |

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| Substance Use History: |
| Drug of use: | Last Use: | How Much: | Method: |
| Drug of use: | Last Use: | How Much: | Method: |
| Drug of use: | Last Use: | How Much: |  |
| Alcohol Use ☐ Yes ☐ No | Last Use: | How Much: |  |
| Probation Parole/Court/Legal Issues |
| ☐ Ever convicted of a Violent Crime? | ☐ Ever convicted of a Sexual Offense? |
| Pending Charges or Legal Issues: ☐ Yes ☐ No | If yes, please explain:  |
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| Upcoming Court Dates: ☐ Yes ☐ No | If yes, please explain:  |
|  |  |  |
|  |  |  |
| Are you currently in a Prison or Jail ☐ Yes ☐ No | If yes, where: |
|  |  |  |
| Are you Court Ordered to the Cedar River Haven☐ Yes ☐ No |
| **If yes, please provide a copy of Court Order upon arrival** |
| County: | Judge: | Obtained order ☐Yes ☐ No |
| Are you to report to a Probation Officer ☐ Yes ☐ No | Name/Phone:  |
| Misdemeanor Conviction: ☐ Yes ☐ No | If yes, please list: |
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|  |
| Felony Conviction in the past 3 yrs: ☐ Yes ☐ No | If yes, please list: |
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| Emergency Contact and Health Information |
| Emergency Contact: |
| Relation: | Parent ☐ | Spouse ☐ | Sibling ☐ | Friend ☐ | Other ☐ |
| Address: | Phone Number: |
| Do you have Medical Insurance: ☐ Yes ☐ No. If Yes, Please List:  |
| Please check all that apply: |
| Diabetes ☐ | Heart Disease☐ | Liver Disease☐ | Hepatitis ☐ | Seizures ☐ | Other ☐\_\_\_\_\_\_ |
| Please Describe:  |
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| Please List any Medications you are currently taking: |
|  | How Long:  |
|  | How Long: |
|  | How Long: |
|  | How Long: |
|  | How Long: |
|  | How Long: |
|  | How Long: |
|  | How Long: |
|  | How Long: |
|  | How Long: |
| Previous Diagnosis and Treatment History: ☐ Yes ☐ No |
| If Yes, please list diagnosis(s):  |
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| What is your course of treatment?  |
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| List your provider contact information: |
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| Have you attempted Suicide in the past: ☐ Yes ☐ No | If yes, how many times? |
| Did you have a specific plan?  |
| Were you under the influence at the time:☐ Yes ☐ No  | When was your last attempt?  |

I attest the information filled out on this application is accurate and complete. Dishonesty can result in no admittance, or possible discharge if already a resident. The more information we have, the more we are able to help. And for the safety of the Haven.

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_