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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: | | | | | |
|  | | |  | | | | |  | | |
|  | | |  | | | | |  | | |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_