

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:		
<input type="checkbox"/> Valid State I.D.	<input type="checkbox"/> Valid Driver's License	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> SNAP Benefits	
More general information		
Married	Separated	Divorced
Widowed	Registered Partnership	
Do you have Children: <input type="checkbox"/> Yes <input type="checkbox"/> No		List Ages:
Who are they with?		
Level of Education:	<input type="checkbox"/> Veteran?	<input type="checkbox"/> Pregnant?
Who referred you to us?		
Contact information:		
Why do you want to be a part of Cedar River Haven?		
Recovery and Substance Use History		
Have you been a resident of the Cedar River Haven before?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes When:
Have you sought services for a substance use disorder in the past? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Use:	How Much:	
Probation Parole/Court/Legal Issues			
<input type="checkbox"/> Ever convicted of a Violent Crime?		<input type="checkbox"/> Ever convicted of a Sexual Offense?	
Pending Charges or Legal Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Upcoming Court Dates: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Are you currently in a Prison or Jail <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where:	
Are you Court Ordered to the Cedar River Haven <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide a copy of Court Order upon arrival			
County:	Judge:	Obtained order <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you to report to a Probation Officer <input type="checkbox"/> Yes <input type="checkbox"/> No		Name/Phone:	
Misdemeanor Conviction: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list:	
Felony Conviction in the past 3 yrs: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list:	
Emergency Contact and Health Information			
Emergency Contact:			
Relation:	Parent <input type="checkbox"/>	Spouse <input type="checkbox"/>	Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/>
Address:		Phone Number:	
Do you have Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, Please List:			
Please check all that apply:			
Diabetes <input type="checkbox"/>	Heart Disease <input type="checkbox"/>	Liver Disease <input type="checkbox"/>	Hepatitis <input type="checkbox"/> Seizures <input type="checkbox"/> Other <input type="checkbox"/> _____
Please Describe:			

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please list diagnosis(s):	
What is your course of treatment?	
List your provider contact information:	
Have you attempted Suicide in the past: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many times?
Did you have a specific plan?	
Were you under the influence at the time: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____