

PRE-ADMISSION APPLICATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE: \_\_\_\_\_\_\_DOB:\_\_/\_\_\_/\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE#: \_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_SOBRIETY DATE: \_\_\_\_/\_\_\_/\_\_\_LONGEST SOBRIETY: \_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_

Copy in file\_\_\_\_\_\_\_\_\_\_State ID:\_\_\_\_\_\_\_\_\_\_\_\_\_or Driver’s License#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Neither available: \_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_ Ethnic Background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Martial Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/ST.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_

Do you have a copy of your Social Security Card? \_\_\_\_\_\_\_\_\_ Do you have a car? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have proof of insurance/registration? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you complete high school? \_\_\_\_\_\_\_\_\_\_\_\_

# of Children: \_\_\_\_\_\_Ages and gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are children staying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Can you lawfully be around children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you emotionally be around children? \_\_\_\_\_\_\_\_

Do you have an open CPS/DCS case? \_\_\_\_\_\_\_\_\_\_\_ If yes: CPS/DCS Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worker Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT – NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL: Who told you about Talitha Koum?**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How can Talitha Koum help you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Notes:

Pre-Admission Application

**ALCOHOL/DURG USE HISTORY**

Drug of choice/age of first use: 1st\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you used any of the following (check all that apply: Alcohol \_\_\_\_\_\_ Heroin \_\_\_\_\_\_\_\_Marijuana\_\_\_\_\_\_\_

Crack \_\_\_\_\_\_\_\_\_ Hallucinogens \_\_\_\_\_\_\_\_\_ Benzos \_\_\_\_\_\_ Opiates\_\_\_\_\_\_\_ Meth \_\_\_\_\_\_ Cocaine\_\_\_\_\_\_\_\_\_ Speed \_\_\_\_\_ Needles\_\_\_\_\_\_

**Alcohol and Drug Treatment History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Program Name | Type of Program | Length of Treatment | Outcome of  Treatment |
|  |  |  |  |  |
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**FAMILY HISTORY OF SUBSTANCE ABUSE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Notes |
| Mother |  |  |  |
| Step Mother |  |  |  |
| Father |  |  |  |
| Step Father |  |  |  |
| Brother(s) |  |  |  |
| Sister(s) |  |  |  |
| Aunt/Uncles |  |  |  |
| Cousins |  |  |  |
| Grandparents |  |  |  |
| Children |  |  |  |

Current Partner:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_ Length of Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_ Substance Use? \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **FORMER RELATIOHSHIPS**  **(5 Years back)** | **From** | **To** | **User?** |
| **NAME:** |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Physical/emotional/sexual Abuse History**

Have you been a victim of **CHILDHOOD:**

Physical Abuse: \_\_\_\_\_\_\_\_\_\_\_ Mental/Emotional Abuse? \_\_\_\_\_\_\_\_ Sexual Abuse: \_\_\_\_\_\_\_\_\_\_

If yes to any of the above, who was the abuser? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been a victim of rape? \_\_\_\_\_ If yes, when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been a victim of domestic violence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, who was the perpetrator and when did this occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been in a domestic violence shelter? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many shelters have you been in the past 3 years? List them:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times have you been homeless in the past 3 years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MENTAL HEALTH HISTORY

Have you ever been treated or diagnosed with a mental health or emotional disorder? \_\_\_\_\_\_

What is your diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you actively using drugs &/or alcohol when diagnosis was made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_ # of attempts \_\_\_\_ When was last attempt? \_\_\_\_\_\_\_

Do you currently have suicidal thoughts or feelings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, have you thought about how, when or where this would occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MENTAL HEALTH PROGRAMS & HOSPITALIZATIONS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Diagnosis | Program Name | Type of Program | Length of Program | Outcome |
|  |  |  |  |  |  |
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MEDICAL HISTORY & SCREENINGS:

Do you have any medical and/or physical issues we need to be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of your last physical examination: \_\_\_\_\_\_\_\_\_\_\_\_\_ Are you pregnant? \_\_\_\_\_\_\_

Are you currently under a physician’s care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, for what condition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Date | (+/-) |
| HIV |  |  |
| HEP |  |  |
| TB |  |  |
| STD’s |  |  |

What, if any, current medications are you taking? (Over the counter & prescriptions):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you allergic to any food or medication? \_\_\_\_\_ If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADVERSE CHILDHOOD EXPERIENCE STUDY (A.C.E.S.)

For each yes, enter a 1 on the line.

1. Did a parent or other adult in the household often or very often….

Swear at you, insult you, put you down or humiliate you?

OR

Act in a way that made you afraid that you might be physically hurt? Yes\_\_\_ No\_\_

1. Did a parent or other adult in the household often or very often…..

Push, grab, slap or throw something at you?

OR

Ever hit you so hard that you had marks or were injured? Yes\_\_\_\_ No\_\_\_\_\_

1. Did an adult or person at least 5 years older than you ever…….

Touch or fondle you or have you touch their body in a sexual way?

OR

Attempt to have oral, anal or vaginal intercourse with you? Yes\_\_\_ No\_\_

1. Did you often or very often feel that…..

No one in your family loved you or thought you were important or special?

OR

Your family did not look out for each other, feel close to each other or support each other? Yes\_\_\_\_ No\_\_\_\_\_\_\_\_

1. Did you often or very often feel that….

You didn’t have enough to eat, had to wear dirty clothes and had no one to protect you?

OR

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? Yes\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

1. Was your mother or stepmother…..

Often or very often pushed, grabbed, slapped or had something thrown at her?

OR

Sometimes, often or very often kicked, bitten, hit with a fist or hit with something hard? OR

Ever repeatedly hit at least a few minutes or threatened with a gun of knife?

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

1. Were your parents ever separated or divorced? Yes\_\_\_\_\_ No\_\_\_\_
2. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Yes\_\_\_\_ No\_\_\_\_
3. Was a household member depressed or mentally ill, or did a household member attempt suicide? Yes\_\_\_\_\_\_ No \_\_\_\_\_
4. Did a household member go to jail? Yes\_\_\_\_\_ No \_\_\_\_\_

ADD UP YOUR ANSWERS: \_\_\_\_\_\_\_\_ This is your ACE score

PATIENT DEPRESSION QUESTIONAIRE (PHQ-9) (Circle appropriate number)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | Several days | More than half the days | Nearly every day |
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 1. Feeling down, depressed or hopeless | 0 | 1 | 2 | 3 |
| 1. Trouble falling or staying asleep or sleeping too much | 0 | 1 | 2 | 3 |
| 1. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 1. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 1. Feeling bad about yourself – or that you are a failure or have let yourself or your family down. | 0 | 1 | 2 | 3 |
| 1. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 1. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual. | 0 | 1 | 2 | 3 |
| 1. Thoughts that you would be better off dead or of hurting yourself | 0 | 1 | 2 | 3 |
| Add columns | + | + | + | + |
| TOTAL |  |  |  |  |

10 If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with \_\_\_\_\_\_ Not difficult as all

\_\_\_\_\_\_ Somewhat difficult

\_\_\_\_\_\_Very difficult

\_\_\_\_\_\_Extremely difficult

PHQ-9 RESULTS:

Do you have a special diet? \_\_\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any physical limitations that would not permit you to climb stairs? \_\_\_\_\_\_\_\_\_\_\_\_

**LEGAL HISTORY**

|  |  |  |
| --- | --- | --- |
| Criminal History |  |  |
| Date | Charge | Resolution |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Current Charge(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Action Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If currently incarcerated, do you have a projected Release date from jail/Prison? \_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

Probation/Parole/Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever prostituted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you work for someone while prostituting? \_\_\_\_ If yes, what was the first name of that person? \_\_\_\_\_\_\_\_\_

Do you have any pending court date/cases? Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION/EMPLOYMENT HISTORY AND INCOME**

Last grade completed: \_\_\_\_\_ Degree? \_\_\_\_ Do you have a trade or skill? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to work? \_\_\_\_\_\_\_\_\_ If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have proof of income? \_\_\_\_\_\_ Last time you worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Work Experience | Most Recent First |  |  |  |
| From | To | Company | Position | Why did you leave? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Military Service: Have you served in the Military? \_\_\_\_\_ If yes, when/what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By completing and signing this application, I wish to be considered for admission to Talitha Koum Recovery House for Women. All information provided is true. I understand a 90-day commitment is expected at time of admittance. I authorize Talitha Koum Recovery House Staff to contact any references listed by me on this application. I am homeless or at risk of becoming homeless.

APPLICANT SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAFF SIGNATURE/TITLE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_