

**Arthur Cassell Memorial Transitional House
Application**

All parts of the form are required to be answered. If a part does not apply to you, please write N/A for not applicable. If you are untruthful on any section of this application, it will be automatically denied, and readmission will not be permitted. If you are unsure of any dates, please explain this during the interview process.

NAME _____ DATE ____/____/____ S.S.# ____-____-____

BIRTHDATE _____ AGE _____ SEX _____ RACE _____ PHONE (____) _____

CURRENT ADDRESS _____

MARITAL STATUS ? _____ CHILD SUPPORT ? _____ HOW MUCH ? _____

SUBSTANCE USE: PRIMARY DRUG USED ? _____ OTHER DRUGS USED ? _____

HOW FREQUENTLY DID YOU USE A SUBSTANCE ? _____

WHEN WAS THE LAST TIME YOU USED MIND OR MOOD-ALTERING DRUGS? _____

WHAT TREATMENT CENTERS HAVE YOU BEEN IN?

Name	In patient/Out patient	Location	Dates

ARE YOU CURRENTLY ON PAROLE/PROBATION? YES _____ NO _____

PROBATION OR PAROLE OFFICER'S NAME _____ PHONE _____

LIST ALL CRIMINAL CHARGES AND CONVICTIONS, INCLUDING SENTENCES, PENDING CHARGES AND DATES.

HEALTH:

DO YOU HAVE ANY PHYSICAL OR MENTAL IMPAIRMENTS. YES _____ NO _____ IF YES, PLEASE

EXPLAIN _____

IS THERE ANY CONDITION THAT WOULD PREVENT YOU FROM WORKING 40 HOURS A WEEK AND ATTENDING CLASSES TO ENHANCE SPIRITUAL, EMOTIONAL, AND EDUCATIONAL GROWTH? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN TREATED FOR OR HAVE A HISTORY OF MENTAL OR EMOTIONAL PROBLEMS?

YES _____ NO _____

IF YES, WHEN AND WHERE WAS THAT TREATMENT? _____

ARE YOU TAKING ANY MEDICATIONS REGULARLY? YES _____ NO _____

IF YES, WHAT MEDICATIONS AND FOR WHAT: _____

HAVE YOU EVER THOUGHT ABOUT COMMITTING SUICIDE? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

ARE YOU ALLERGIC TO ANY MEDICATIONS OR FOODS? YES _____ NO _____

IF YES, WHAT MEDICATIONS/FOODS AND WHAT ARE THE COMPLICATIONS? _____

EMERGENCY CONTACT:

NAME _____ RELATION _____

ADDRESS _____

Street

City

State

Zip Code

TELEPHONE NUMBER _____

HOW DID YOU HEAR ABOUT ARTHUR CASSELL TRANSITIONAL HOUSE? _____

AGENCY REFERRED BY: _____ TELEPHONE NUMBER: _____

EDUCATION:

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION? _____

HAVE YOU EVER SERVED IN THE MILITARY? YES _____ NO _____

IF YES, WHAT WAS YOUR DISCHARGE STATUS (Please Explain)? _____

DO YOU HAVE ANY SERVICE- RELATED PSYCHOLOGICAL OR PHYSICAL PROBLEMS? YES _____ NO _____

ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____

IF YES, GIVE COMPANY NAME , PHONE NUMBER AND CONTACT? _____

WHAT ARE YOUR JOB SKILLS/EXPERIENCE? _____

LIST ANY TECHNICAL/VOCATIONAL TRAINING YOU HAVE _____

WHAT ARE YOUR HOBBIES? _____

DO YOU HAVE ANY PROBLEMS WITH LOUD NOISES? YES _____ NO _____

HAVE YOU EVER LIVED IN A GROUP HOME TYPE OF SETTING? YES _____ NO _____

ATTACHMENT:

PLEASE ATTACH A 1-2 PAGE STATEMENT EXPLAINING YOUR SITUATION, WHY YOU NEED TRANSITIONAL HOUSING, WHAT YOUR GOALS ARE, HOW YOU HOPE TO ACHIEVE THEM, WHAT YOU HOPE TO GAIN FROM RECOVERY.