

**Reclamation House - Jonesboro AR
APPLICATION FOR RESIDENCY**

Date: _____ **Name:** _____ **Age:** _____

Street Address (Pre-treatment): _____

City: _____ State: _____ Zip: _____

Phone: _____ Referred By: _____

Counselor: _____ Phone: _____

DOB: _____ Soc. Sec. # _____ Clean Date: _____

Currently Incarcerated? Y / N _____ Expected Release Date _____

Have you been accepted in the DOC Re-Entry Program _____

Have you been accepted in the DOC Transitional Program _____

Contact name & phone # at prison to confirm inmate status _____

Legal: (use separate sheet of paper if necessary)

Arrests /Convictions/Lawsuits	Date	Status	Attorney	Probation Officer
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Any court cases pending? _____

Are you required to register as a sex offender? _____ Date _____

Contact Name of Current Probation / Parole Officer _____ Phone # _____

Contact Name of Current Attorney _____ Phone # _____

I, _____, agree to allow the House Committee of Reclamation House to discuss my background and treatment with other professionals and agencies. I understand for the protection of myself and others there may be a need for the Board of Directors, House Committee or the staff of Reclamation House to check on my legal standing and criminal background.

I understand that I, _____, am consenting to random searches and drug testing as part of this agreement.

I understand that I, _____, am granting permission for Reclamation House staff members to violate my privacy by contacting the appropriate authorities in the event of a medical emergency or criminal activity.

I understand that I, _____, am giving permission for the House Committee and the staff of Reclamation House to contact any and/or all names and facilities on this application. I also agree to waive, release, and not to sue Reclamation House LLC, dba Reclamation House, its Owner, Directors, officers, or staff for any and all damages of any kind whatsoever suffered as a result of living at Reclamation House. I further specifically release Reclamation House for any and all losses, thefts, damages, or injuries incurred while living at Reclamation House.

Printed Name _____ Signature _____

Date: _____ Witness _____

Present Status:

What prompted you to seek recovery/treatment? _____

Whose idea was it for you to apply at Reclamation House? _____

How did you hear about Reclamation House? _____

Describe your emotional state and feelings about being here. _____

What problems do you want to work on while here? _____

Describe any long-term goals. _____

Where and with whom were you living before treatment or coming here? _____

Where would you live now if not accepted here? _____

Do you have any health problems that require special care on your part? If yes, please explain. _____

Are you to your knowledge medically stable at this time? If no, please explain. _____

Are you currently or have you ever self mutilated (cutting) _____ Last Date _____

Are you able to take care of yourself and able to respond to life threatening conditions? If no, please

explain. _____

Have you been chemically free for 10 days? _____

Last date you used any mood or mind altering drugs, including alcohol? Date: _____

Do you think of yourself as an alcoholic, addict, or both? _____

What are your positive qualities? _____

What is something that you have been successful with? Accomplishments? _____

Where do you see yourself in one year? _____

Where do you see yourself in three years? _____

Where do you see yourself in five years? _____

Addiction Treatment History:

Medical/Psychiatric Hospitalization Facility	Date	Diagnosis
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you attempted suicide? _____ If so, when? _____
 Circumstances that led to this event: _____

Have you been to Chemical Dependency Treatment (detox, inpatient, residential) _____

Facility Name	Date	Diagnosis
_____	_____	_____
Facility Name	Date	Diagnosis
_____	_____	_____
Facility Name	Date	Diagnosis
_____	_____	_____
Facility Name	Date	Diagnosis
_____	_____	_____
Facility Name	Date	Diagnosis
_____	_____	_____

Have you been to Outpatient Counseling (Social Worker-psychologist-clergy) _____

Facility/ Counselor	Date	Diagnosis
_____	_____	_____
Facility/ Counselor	Date	Diagnosis
_____	_____	_____
Facility/ Counselor	Date	Diagnosis
_____	_____	_____
Facility/ Counselor	Date	Diagnosis
_____	_____	_____
Facility/ Counselor	Date	Diagnosis
_____	_____	_____

Do you consider one of these a successful program for you: _____
 Which? _____

Medications (List all prescribed medications for last year, including current Medications)

Name of Medication	Date Prescribed	Diagnosis	Doctor Prescribing/Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education History:

What is the highest level of education? _____ Area of Study _____
 Educational Goals? _____
 Currently Enrolled in any vocational, college or online classes? _____

Vocational History:

What is your usual occupation? _____ Are you employed? _____
 How Long? _____ Do you like your job? _____ Do you get along with co-workers? _____
 List any special training, qualifications, or licensing. _____
 List any Military Service: _____
 List the highlights of your employment history: (business name, dates, job title)
 1. _____
 2. _____
 3. _____

4. _____
5. _____

Chemical Dependency History

Alcohol / Illegal / Rx / OTC / Inhalants DRUGS:

List all used:

How old were you when you first used alcohol / illegal / Rx / OTC / Inhalants? _____

What age did you first think you might have a problem? _____

What is your drug(s) of choice? _____

Have you experienced any accidental or intentional overdoses? _____ If so, when: _____

When was your last use? _____ Are you currently involved with AA or NA? _____

Describe your present involvement with AA or NA Programs (meetings, sponsor, home group, etc.) _____

Nutritional History:

Anorexia _____ Bulimia _____ Diabetic _____ Gluten _____ Lactose _____

Additional Information: _____

Do you have any food allergies? _____ If so, please list item, your reaction if ingested, treatment? _____

Health History:

Do you have any allergies other than food allergies? _____ If so, please list item, your reaction, and treatment? _____

Please circle if you have been diagnosed or have medical history with any of the following:

STDs	HIV/AIDS	Hepatitis B or C	Cancer
Heart Disease	High Blood Pressure	Stroke	Seizers
Lung Disease	Staff Infection	Liver Disease	Kidney Disease
Bipolar	Schizophrenia	Depression	Anxiety

Any other medical history you feel relevant? _____

Leisure Activities – Special Interests:

List your favorite hobbies or forms of recreation: _____

How do you spend your free time? _____

What, if any interest do you have in learning a new activity? _____

Do you exercise _____ If yes, how? _____

Do you have any limitation or physical handicaps? _____ If yes, please explain: _____

Financial Status:

Sources and amount of income: _____

Employer name, phone number _____

Problem areas: (Behind in payments, bankruptcy, fines other)

Cultural Background:

Where were you born? _____ Raised? _____

Who raised you & relationship? _____

Religious preference: _____ Do you attend services? _____

Family:

Parents Name, Location & Age _____

Describe your relationship with your parents & family:

Marital Status

Married _____ Divorced _____ Never Married _____

Are you satisfied with this situation? _____ If no, explain: _____

Do you have any children? Yes _____ No _____ How many? _____

Name of Child	Age	Where living	With Whom
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How would you describe your relationship with your children / child's father and or guardian ? _____

General Social Data:

Any other life crises or losses? (Abuse / Witnessed violence/tragedy, death of a pet) _____

Please make any other statements or comments you would like to add to help us get to know you better.

Emergency Contact Contact Information

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

Requested Guest Approval

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

Resident Check List:

_____ Copy of drivers license or state ID
 _____ Copy of health insurance card
 _____ Copy of auto insurance card
 _____ Tag number of vehicle
 _____ Make and model of vehicle
 _____ Emergency contact information
 _____ List of approved guest

I, _____, have read and understand Reclamation House application. I have completed the application honestly and to the best of my ability. It is my goal to be a sober member of society and I agree to follow the rules that have been established by Reclamation House. I also agree that if I am found in violation of any house rule, I will gather my belongings and leave the house immediately within 30 minutes.

Upon acceptance, I have received a copy of this application _____ (initial)

_____ Printed name _____ Signature _____ Date _____

_____ Witness _____ Reclamation House Title _____ Date _____

Reclamation House Use Only		
Accepted	Denied	Waiting List
By: _____	_____ Reclamation House Title	_____ Date
Move in Date _____		