

**New Journey Recovery Housing- Level II | Housing Application**

UCI # \_\_\_\_\_ (Staff Use only)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sobriety Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ email address \_\_\_\_\_

**Education Background**

High School (last level completed) \_\_\_\_\_  College  GED

**Employment Background**

Current Employment  Yes  No Place of Employment \_\_\_\_\_  Full-time  Part-time  
How many jobs have you held in the past 2 years: \_\_\_\_\_ Length of employment \_\_\_\_\_ years \_\_\_\_\_ months?

**Family History**

Are you:  Divorced  Married  Single  Widowed Number of Children \_\_\_\_\_ Age of Children \_\_\_\_\_  
Are you currently involved with CSB?  Yes  No If yes, do you have a reunification plan?  Yes  No

**Financial Data**

Source of Income:  Child Support  Employed  Food Stamps  SSD/SSI  TANF  Unemployment  
 Other \_\_\_\_\_

Do you have any financial commitments (i.e., child support, court cost, restitution?)  Yes  No

If yes, please state: \_\_\_\_\_

Are you able and willing to work?  Yes  No Willing to pay recovery housing program fees?  Yes  No

Do you have health insurance?  Yes  No Insurance Company: \_\_\_\_\_

**Total Monthly Income \$** \_\_\_\_\_

**Housing History**

Are you eligible for subsidized housing  Yes  No Please check if you have ever lived in:  HCVP  AMHA  
 Other subsidized housing  Shelter  Homeless  Recovery Housing  Other: \_\_\_\_\_

**Legal History**

Are you on:  Probation  Parole Officer \_\_\_\_\_

Convicted of a violent felony?  Yes  No Ever been charged with arson?  Yes  No

Are you a registered sex offender?  Yes  No

Do you have any pending or other outstanding legal issues (i.e., warrants):  Yes  No

If so, list concerns \_\_\_\_\_

Court Dates? Please list \_\_\_\_\_

**General Medical History**

Are you fully vaccinated?  Yes  No  Prefer not to answer

Are you being treated for any medical conditions?  Yes  No Are you willing to take a COVID-19 test?  Yes  No  
If yes, please list \_\_\_\_\_

Are you pregnant?  Yes  No If yes, expected due date \_\_\_\_\_ Medications? \_\_\_\_\_

Are you a smoker?  Yes  No

**Mental Health History**

Have you ever been diagnosed or treated for any mental illness?  Yes  No

If so, what diagnosis: \_\_\_\_\_

Are you currently taking any mental health medication?  Yes  No

If yes, please list all medications you are taking. \_\_\_\_\_

Are you suicidal?  Yes  No | Have you ever tried to commit suicide or engage in self-harm?  Yes  No

Have you ever been a victim of a violent crime?  Yes  No

**Physical History**

Are you able to ambulate?  Yes  No are you able to walk upstairs:  Yes  No

Do you need assistive devices to ambulate?  Yes  No

If you need assistance what type of device(s) do you require? \_\_\_\_\_

**Recovery Support System**

Are you currently active in a 12-step self- help program?  Yes  No Do you have a sponsor?  Yes  No

Have you been in recovery  Yes  No Length of time \_\_\_\_\_ year or \_\_\_\_\_ months

**Substance History**

How many times have you been in treatment? \_\_\_\_\_ Did you complete the treatment?  Yes  No

Have you ever relapsed?  Yes  No If yes, please list how many times: \_\_\_\_\_

Have you been involved in any physical altercations in treatment?  Yes  No When \_\_\_\_\_ year

Substance(s) of choice \_\_\_\_\_

Primary

Secondary

Tertiary

\*Have you ever experienced an overdose?  Yes  No How many times? \_\_\_\_\_

Are you currently prescribed and taking: Suboxone  Yes  No | Subutex  Yes  No | Methadone  Yes  No

Vivitrol  Yes  No Physician Prescribing \_\_\_\_\_

**Vehicle Information**

Do you have your own vehicle?  Yes  No Vehicle year, make and model \_\_\_\_\_

Driver's License or ID number \_\_\_\_\_ State \_\_\_\_\_ Valid License  Yes  No

**Special Needs**

Yes  No (List) \_\_\_\_\_

**Referring Agency/Person**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Client Signature

Date

**FREEDOM HOUSE FOR WOMEN: STAFF USE ONLY**

Approved Admission  Denied Admission

Discharge Date \_\_\_\_\_

Notes \_\_\_\_\_

Notes \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_