Bright House
1119 Ferry Street
Lafayette, IN 47901
Phone: (765) 807-0009
Fax: (765) 807-0030
"Men's Facility"

Hope Apartments
920 N 11th St.
Lafayette, IN 47904
Phone: (765) 742-3246
Fax: (765) 269-9110
"Women's Program"

APPLICATION FOR ADMISSION

Today's Date _____

Name: _____ _____ _____
Last **First** **MI**

IDOC #: _____ *Date of Birth* _____ *Age* _____

Gender: M / F *Veteran:* Y / N *Marital Status:* _____

Race:
___Caucasian ___African American ___American Indian

___Asian/Pacific Isle ___Hispanic ___Other _____Prefer not to specify

Current Address (Where you want mail sent to:)

_____
P.O. Box/Street Address City State Zip code

Phone # _____ *Where are you Incarcerated*? _____

Release date: _____

Emergency Contact Name: _____ *Relationship* _____

Address _____ *Phone #* _____
P.O. Box/Street Address City State

Are You Employed? Y N Employer _____

Highest level of education completed _____ Do you have a picture ID? Y N

Do you have previous Recovery Housing experience? Y N If yes, where? _____
_____
_____

Physical Issues: _____
_____
_____

Emotional Issues: _____
_____
_____
_____
Legal Issues: _____
_____
_____

Financial Issues: _____
_____
_____
_____

Treatment Issues: _____
_____
_____
_____
Educational Issues: _____
_____
_____
_____
Spiritual Issues: _____
_____
_____
Previous experience with 12 Step programs: _____
_____
_____
_____

IDENTIFYING INFORMATION:

Presenting Problem/Motivation for seeking residency:

_____
_____
_____
_____

Current living arrangements:

__Alone	__Spouse/Significant other	__Children
__Parents	__Spouse/Significant other & children	__Parents & Siblings
__Parent & Child	__Other relative's	__Neighbor/Friend
__Treatment setting	__Shelter	__Halfway house
__Correctional Facility	__Homeless	__Other_____

Referral from: _____

Date of last use and amount and what you used:

_____

SUBSTANCE USAGE:

Within the last 12 months write the amount and method used:

	None	Rarely <1x/mo.	Monthly <3x/mo.	Weekly 1-5x/week	Daily 6-7x/week	Age of first use
Alcohol						
Cannabis: -joint, blunt, bowl -hashish laced w/cocaine						
Cocaine -snort, smoke, inject -crack						
Stimulants -amphetamines, speed, crank/crystal, OTC, (Mini-thins)						
	None	Rarely <1x/mo.	Monthly <3x/mo.	Weekly 1-5x/week	Daily 6-7x/week	Age of first use
Sedatives						
Sleeping Pills						
Opiates Darvicet, Vicodin, Heroin, Dilaudid, Morphine, Darvon, Percodan, Demerol, Codeine, Oxycodone						
Tranquilizers Valium, Librium, Ativan, Xanax						
Hallucinogens LSD, PCP/Angel Dust, Mushrooms, Peyote						
Inhalants List drugs and amounts						
IV drug use (sharing needles)						
K2/Spice						
Over the counter medications						

Other: _____

_____

_____

LEGAL:

What is your current legal status?

___Clear ___Paroled ___Probation ____Corrections ___Action pending

Reasons/Violations/Disposition:

_____

_____

_____

Please list **ALL** criminal history including current charges:

Date	Charge(s)	County	State	Disposition

LETHAL BEHAVIOR:

Suicide:

___Past ideation ___Current ideation ___Fleeting Thoughts

___Attempt while under the influence ___Attempt not under the influence

Current Risk ___None ___Low ___Moderate ___High

Homicidal behavior risk:

___None ___Low ___Moderate ___High

Towards: _____

Violent behavior risk:

___None ___Low ___Moderate ___High

Towards: _____

Comments:

_____

_____

_____

PHYSICAL HEALTH/IMPAIRMENT:

Past withdrawal Symptoms:

___Seizures ___Anxiety ___Sweating ___Hallucinations
___Insomnia ___Muscle Cramps ___Bone Cramps ___Concentration Difficulties
___Paranoia ___Depression ___Elevated Vitals ___Nausea/Vomiting
___Delirium ___Shakes/Tremors ___Diarrhea/Constipation

Blackouts? Y N

General Health: (hospitalizations, surgeries, weight loss or gain, chronic illness)

_____
_____
_____
_____

Please list all *current* medications:

_____
_____
_____

MENTAL HEALTH HISTORY:

Have you had a previous mental health diagnosis? Y N
If yes, what was the diagnosis:

_____
_____
_____
_____
_____

USE HISTORY:

Who introduced you to drugs/alcohol?

___Friend ___Acquaintance ___Significant other ___Spouse
___Siblings ___Other family member ___Self ___Co-worker
___Acquaintances

Who do you use drugs/alcohol with?

___Alone ___Friends ___Significant other ___Spouse
___Parents ___Siblings ___Other family members ___Coworkers
___Acquaintance

Where do you use drugs/alcohol?

___Street ___Home ___Workplace ___Bar
___Parties ___School ___Crack house
___Other _____

Why do you think you are currently using?

___ Cope with physical pain ___Relax/reduce tension ___Unable to stop
___Avoid physical withdrawal ___To be more social ___Escape reality
___Increase confidence
___Other _____

Have you ever stopped on your own? Y N
What is your longest period of abstinence in the past six months? _____
Do you think you have a problem? Y N
Why? _____
_____
_____
_____

RELAPSE INFORMATION:

Have you ever experienced periods of abstinence following treatment? Y N
What was the longest? _____
Most recent relapse episodes:

DATE	PRECIPITATING EVENT	CHEMICAL	DURATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIOR TREATMENT:

Substance abuse:

Outpatient Y N
When: _____
Where: _____

Inpatient Y N
When: _____
Where: _____

Mental Health/Psychological Therapy:

Outpatient Y N
When: _____
Where: _____

Inpatient Y N
When: _____
Where: _____

CURRENT SOCIAL HISTORY INFORMATION:

Relationship status:
__Never married: __Married __Separated __Divorced __Widowed
__In relationship

Is there anyone in your current living environment using drugs/alcohol? Y N
__Significant other __Mother __Father __Acquaintances
__Spouse __Sibling __Friends __Other family members

Does/Did anyone in your family have a chemical dependency problem? Y N
__Mother __Father __Sister __Brother __Uncle __Aunt
__Cousins __Paternal grandparents __Maternal grandparents
__Other family member(s) _____

What is your employment status?
__Full time __Part time __Not employed __Retired __Disabled

__Other: _____

OTHER:

Other addictions:
__Shopping __Sexual __Eating __Gambling __Shoplifting
__Other _____

Is there any history of physical, emotional or sexual abuse? Y N
If yes, explain _____

Will you need any assistance reading or writing while in treatment here? Y N
If yes, explain _____

Do you have any other special needs? Y N
If yes, explain _____

Comments:
_____
_____
_____
_____

Family members for emergency contact:

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your reason in detail for applying for recovery housing?

_____
_____
_____
_____
_____
_____
_____

What would you say your weaknesses that will *hinder* your recovery? What is your s*trength*?

_____
_____
_____
_____

INITIAL COMMITMENT:

Are you willing to attend 90 recovery-oriented meeting in your first 90 DAYS?	Y	N
Are you willing to acquire a home group and sponsor within your first 30 days?	Y	N
Are you willing to be responsible for payment of your weekly rent for your stay?	Y	N
Are you willing to participate in the community process during your entire stay?	Y	N
Are you willing to follow any aftercare, probation/parole requirements if applicable?	Y	N
If you are unemployed are you willing to actively seek employment between the hours of 9 AM and 2 PM until you have acquired gainful employment?	Y	N
Are you willing to complete all daily and weekly chores in a timely fashion?	Y	N
Are you willing to assist staff in duties when requested?	Y	N

Please note that a yes or no answer to the above questions will neither qualify nor disqualify you from admission to Home with Hope, Inc. All information provided on this form will be held strictly confidential in accordance with federal law. If admitted, your residency will be probationary for at least your first 30 days of your stay. During this period, you will not be eligible for overnight leaves of absence, except in emergency situations with the specific approval of appropriate staff. After the 30-day probationary you will be reviewed by staff and if approved will be given permanent resident status.

I hereby agree that the above provided information is accurate, complete and truthful, to the best of my knowledge:

Applicant Signature: _____ Date: _____

Staff Approval: _____ Date: _____