

WOMEN'S RECOVERY COMMUNITY CENTER
APPLICATION FOR RESIDENCY

Today's Date: _____ Referred By: _____ Contact #: _____

Personal Information

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number _____ Evening Phone Number _____

Date of Birth: ____/____/____ Age: _____ Social Security Number: ____-____-____

Substance Use History

1.) Why are you requesting admission to the Women's Recovery Center?

2.) Drug(s) of Choice: Alcohol __ Cocaine __ Marijuana__ Crack__ Heroin__ Opiates__
Benzo's __ Hallucinogens__ Suboxone/Methadone__ Other (Specify)_____

*For all illicit drugs checked above, please list the drug and method of ingestion: _____

3.) When was your last drink? _____ Your last drug use? _____

*What has been your longest period of continuous abstinence and when?

4.) Have you been in a detox? Yes__ No__ Rehab? Yes__ No__

*If yes, list prior treatment facilities, approximate dates, and was treatment completed?

5.) Have you ever attended AA/NA Meetings? Yes__ No__

Are you willing to attend AA/NA Meetings? Yes__ No__

Do you have a Sponsor? Yes__ No__

Mental Health History

1.) Do you have a mental health diagnosis? If so, what is it?

2.) Are you currently taking any medications? Please list: _____

3.) Have you been in a mental health treatment program? Yes__ No__

If yes, list prior treatment facilities, approximate dates, and was treatment completed?

4.) Do you have a primary Mental Health Provider (Doctor, Psychiatrist, etc.)?

If yes, please list:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Education/Employment

1.) Are you employed? Yes___ No___

If you are not employed, how will you plan to support yourself financially?

2.) If you are employed, please list:

Employer: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Did you complete High School? Y or N

If "no", do you have a GED? Y or N

Have you attended college? Y or N

Do you have a degree? Y or N

Emergency

In case of emergency, who should be contacted?

Name: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Legal History

1.) Do you have any pending criminal charges? Yes___ No___

NOTE: Answering 'yes' WILL NOT prevent you from being admitted.

If you answered 'yes', list charge, county, and court dates:

2.) Have you ever been CONVICTED of any sex crimes? Yes___ No___

*If you answered 'yes', please explain:

3.) Are you currently on parole/probation? Yes___ No___

If you answered 'yes', list parole/probation officer, their phone number, and the conditions and county/state of supervision:

Health/Finances

1.) Do you have any handicap or disability that impairs your ability to comply with daily activities?

NOTE: Answering 'yes' WILL NOT prevent you from being admitted.

Yes___ No___

If you answered 'yes', please describe: _____

2.) Are you currently under a doctor's care? Yes___ No___

*If you answered 'YESs', give doctor's info below:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

3.) Are you aware of any allergies (food, dust, etc.)? Yes___ No___

*If you answered 'yes', please list: _____

Are you allergic to any medications (penicillin, etc)? Yes___ No___

*If you answered 'yes', please list: _____

4.) Do you take any prescription or over the counter medications? Yes___ No___

*If you answered 'yes', please specify medication(s) and dosage:

5.) Do you receive Public Assistance? Cash Assistance ___ Food Stamps ___ Other (Please Specify)_____

*If you answered 'yes', how much do you receive and how often? _____

6.) Do you receive: SSD ___ SSI___ Pension ___ \$_____ receive per month?

7.) Do you have **medical insurance**? What kind?_____

8.) Have you ever resided in a recovery community setting? Yes___ No___

*If you answered 'yes', please list where, approximate dates, and conditions you left under:

9.) Please add any additional information that would be important for Women's Recovery Center Staff to know:

I understand that I am fully bound by the rules and regulations of the Center and my stay is contingent upon following them. I hereby submit that I have answered all questions on this application to the best of my ability.

Signature of Applicant

Date

Signature of Intake Worker

Date

Please Return to:

The Council of Southeast Pennsylvania, Inc.
Women's Recovery Community Center
25 Beulah Road
New Britain, PA 18901
Phone: 215-489-6120
Fax: 215-489-6124
Information/Intervention Line: 1-800-221-6333