

WOMEN'S RECOVERY COMMUNITY CENTER CRITERIA FOR ADMISSION

Candidates for residency are interviewed by the WRCC House Coordinator at the recovery center. Incarcerated applicants and applicants in residential treatment are interviewed by phone. The applicant's motivation for recovery, ability to meet financial obligations, and current housing are primary considerations.

Potential Residents Must Meet the Following Criteria Prior to the Interview:

1. Be 18 years of age or older.
2. Must be able to provide documentation of 30 days of continuous abstinence OR be coming directly from an inpatient treatment facility with a successful completion of the program. This does not include detox only treatment.
3. Be able to pay the first two weeks rent of \$400.00 in advance upon admission.
 - o The intake fee will cover the first two weeks of rent at the WRCC. This non-refundable fee is a flat fee that is not pro-rated based upon date of entry. On-going weekly rent of \$200.00 is due on the Monday of the 3rd week of residence. Rent is due on Monday, by 9:00 a.m., covering from Monday-Sunday. Similarly, the last week's rent is paid in full on Monday despite the day that the resident chooses to leave the house and is not pro-rated.
4. Have a drug and alcohol assessment completed and be willing to release level of care recommendations. We can assist you with a referral for an assessment if needed.
5. Agree to engage in the level of care of treatment determined during the required drug and alcohol assessment.
6. Be willing to sign consents for current treatment provider (i.e. therapist, referral source, prescribing doctors, etc.) for the WRCC staff to coordinate services and make informed decisions on your appropriateness for the Women's Recovery Center Program.
7. Be willing to apply for funding or medical assistance as necessary.
8. Be physically able and willing to participate in activities and groups provided by the center with the understanding that certain activities are required as part of Recovery Support and progress toward successful completion.
9. Be willing to abide by all house rules and regulations
10. If you have a car, you must provide the following: valid driver's license, insurance and registration if bringing a vehicle.

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 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 completed application via usps, email or fax:

**The Council of Southeast Pennsylvania, Inc.
Women's Recovery Community Center Application
25 Beulah Road, New Britain, PA 18901**

Email Catherine Hufnagel: CHufnagel@councilsepa.org

Fax: 215-489-6124

Women's Center phone: 215-489-6120 Information/Intervention Line: 1-800-221-6333