



ADMISSION APPLICATION

DATE _____

NAME _____
FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE OR STATE ISSUED ID NUMBER _____

AGE _____ DATE OF BIRTH _____ STATE OF BIRTH _____

BIRTH CERTIFICATE YES NO SOCIAL SECURITY CARD YES NO

CURRENT ADDRESS (STREET, CITY, ZIP OR TREATMENT FACILITY NAME:

CONTACT PHONE NUMBER _____

SECONDARY OR EMERGENCY CONTACT NUMBER _____

REFERRED TO US BY _____

ARE YOU CURRENTLY IN SPECIALTY COURT YES NO IF YES, WHAT COUNTY? _____

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED SEPARATED OTHER

DO YOU HAVE CHILDREN? YES NO IF YES, WHAT AGES? _____

WHOM DO THEY LIVE WITH? _____

DO YOU HAVE PARENTAL RIGHTS? YES NO

WILL YOUR FAMILY PARTICIPATE IN YOUR RECOVERY? YES NO

LIST ANY INDIVIDUALS TO BE CONTACT IN CASE OF EMERGENCY:

NAME	ADDRESS	PHONE	RELEASE OF INFORMATION
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WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED? _____

DO YOU HAVE PROBLEMS WITH READING AND /OR WRITING? _____

PLEASE LIST 3 PREVIOUS EMPLOYERS STARTING WITH MOST CURRENT FIRST:

COMPANY NAME SUPERVISOR ADDRESS PHONE NUMBER

DO YOU HAVE ANY SPECIAL WORK EXPERIENCE AND / OR SKILLS?

IF YES PLEASE LIST BELOW OR DESCRIBE:

ARE YOU CURRENTLY RECEIVING SSI AND/ OR DISABILITY BENEFITS? YES NO

ARE YOU CURRENTLY RECEIVING SNAP BENEFITS/ FOOD STAMPS? YES NO

DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE AND/ OR ADDICTION?

SUBSTANCE USED AGE OF FIRST USE DATE LAST USED HOW MUCH/ HOW OFTEN

WHEN WAS THE LAST TIME YOU USED? _____

HOW ARE YOU FEELING AT THIS MOMENT? _____

IV USER? YES NO DO YOU HAVE A HISTORY OF WITHDRAWALS? YES NO

HAVE YOU BEEN TO A TREATMENT FACILITY RECENTLY (RESIDENTIAL AND/OR OUTPATIENT) YES NO

IF YES, PLEASE LIST NAME AND DATES ATTENDED:

DO YOU HAVE ANY FOOD AND/OR MEDICAL ALLERGIES? YES NO IF SO, PLEASE LIST:

DO YOU HAVE ANY MEDICAL CONDITIONS (PAST OR PRESENT)? YES NO IF SO, PLEASE LIST:

HAVE YOU EVER BEEN DIAGNOSED WITH MENTAL HEALTH DISORDER? YES NO

LIST DIAGNOSIS(ES): _____

ARE YOU RECEIVING ANY TYPE OF COUNSELING SERVICES AND/OR CARE? YES NO

MEDICATION & DOSAGE	HOW OFTEN	REASON FOR TAKING
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WILL YOU BRING THESE MEDICATIONS WITH YOU? YES NO

HAVE YOU BEEN DIAGNOSED WITH TB (TUBERCULOSIS) YES NO

CURRENTLY ON MEDICATION/TREATMENT FOR PREVENTION OF TB? YES NO

HAVE YOU BEEN DIAGNOSED WITH HEP C? YES NO

CURRENTLY ON MEDICATION/TREATMENT FOR PREVENTION OF HEP C? YES NO

HAVE YOU BEEN DIAGNOSED WITH HIV/AIDS? YES NO

CURRENTLY ON MEDICATION/TREATMENT? YES NO

HAVE YOU EVER BEEN DIAGNOSED WITH AN EATING DISORDER? YES NO

HAVE YOU EVER ATTEMPTED OR HAD THOUGHTS OF HURTING YOURSELF? YES NO

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS IF YOU AGREE TO THAT STATEMENT:

_____ “I understand and agree to NOT take ILLICIT SUBSTANCE FOR ILLICIT PURPOSES which are of a narcotic (controlled substance) nature/ class while in the SSROA program. I understand that I am here on a voluntary basis, and if I feel like I need medication I will inform staff of my situation, and they will then decide to get me to a facility where medications and care can be given from trained medical professionals. I agree that I am making this agreement on my own accord and am NOT being forced in any way to stop taking prescribed medications. I UNDERSTAND IF I AM A MAT PROGRAM CANDIDATE IT IS TO BE MONITORED BY A DOCTOR AND REVIEWED BY STAFF BEFORE ADMISSION TO SSROA.”

_____ “I understand and agree that SSROA is a multiple pathways transformational program, and I will be required to work 40 hours a week, attend all classes, services, and events as designated by staff and comply with the rules and regulations specified by SSROA and understand that failing to do so will result in eviction and termination from the program.”

_____ “I certify that the information in this application is true and correct to the best of my knowledge and belief. And that if I am accepted as a resident, I give SSROA permission to speak with all legal entities I have cases through and agree to a criminal background check, search of personal property and possessions at any time with or without notice, random drug testing in which positive results can be cause for immediate eviction and or review with peer staff. I understand that use and/ or possession of drugs and /or alcohol, disruptive behavior, can and will cause immediate eviction without recourse.”

_____ “I understand also that my information/photo/etc may be used to help promote the cause and purpose of SSROA.”

_____ “BACKGROUND CHECK AUTHORIZATION: I hereby authorize SSROA and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and /or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character reference, drug testing, civil and criminal history records.”

PLEASE SIGN ONLY IF YOU AGREE TO ALL OF THE ABOVE STATEMENTS:

APPLICANTS SIGNATURE

DATE

STAFF SIGNATURE

DATE