

Haley House Application

Date: _____

Applicant Name: _____

Current Location: _____

If in treatment, Admission Date: _____ **Expected Discharge Date:** _____

Counselor Name: _____

Home Address: _____

Home/Cell Phone # _____

Date of Birth: _____ **Age:** _____ **Last 4 of SS# xxx-xx-** _____

Your sobriety Date: _____

How did you hear about Haley House: _____

Dear Applicant,

You have made a good choice to continue your journey in a recovery residence. This experience will give you the opportunity to exercise your sober skills, learn more about yourself and how to handle the daily challenges of life substance free. These next steps will help determine the direction of your life and the extra time in a supportive environment will improve your chance of successful sober living.

We use this application as part of the screening process. If you are accepted into our program it will be because you are ready for this next step and that you can benefit from what Haley House has to offer.

This application asks you to disclose some general and personal information all of which will help us help you. Please take your time and be as honest as possible. Be yourself and take this next step with confidence that you can learn to live sober and free.

Haley House Application

ADDICTION HISTORY:

What age did you start drinking: _____ 1st drink? _____

What age did you start taking drugs: _____ 1st drug? _____

List all the drugs you have you used since then: _____

When did drinking become a problem and how did you know? _____

When did drugs become a problem and how did you know? _____

What problems have you had because of use of alcohol/drugs? _____

DOC: _____ IV USE? Y or N

Date of your last drink: _____ What was it?: _____

Date of your last drug: _____ What was it?: _____

Are you addicted to nicotine: Y/N Do you smoke? Y/N How much do you smoke?: _____

Do you use any other Nicotine products? Y/N Do you want to quit?: Y/N

PRIOR ATTEMPTS AT RECOVERY:

Have you tried to get sober/stay sober *without a 12 step program*? _____

Attended meetings: Y/N AA or NA Did you get a sponsor? Y/N Did you utilize a sponsor? Y/A

Did you read the Basic Text, Big Book and Step-Book, Meditation Books or other literature? Please circle if yes.

How far in the steps did you get? _____

What did you like about 12 step program? What made you feel comfortable or uncomfortable? _____

What would you do differently this time? _____

Are you willing to undertake the completion of the 12 steps while in residence at Haley House? Y/N

What are you currently *unwilling* to let go of for your recovery? _____

Previous Treatment	Date	Length of stay	Completed	Follow Aftercare?
Name: _____	_____	_____	Y/N	Y/N
Name: _____	_____	_____	Y/N	Y/N
Name: _____	_____	_____	Y/N	Y/N

What is your longest period of time sober and when? _____

Considering your current treatment experience – what is your biggest change? _____

What is your biggest struggle in sobriety and what do you feel you still need to work on? _____

MARITAL /PARTNER status:

married single divorced separated Widowed other

What is the status of your current relationship? _____

Have you experienced physical or mental abuse in your past or current relationship? Y/N

Explain: _____

RELEASE OF INFORMATION:

Is there anyone involved in your life or your care that you are *unwilling* to sign release of information for, allowing us to speak with them? Whom and for what reason:

Haley House Application

FAMILY

Parents Name	Age	Alive or Deceased?	History of Substance abuse?	Describe Your relationship

Siblings

Spouse/SO

Children

Describe the consequences your disease had on your relationship(s):

EDUCATION:

Highest Level of Education completed? _____ Interest in continuing your education? _____
 Area of study? _____

HOBBIES OR OTHER INTERESTS: _____

LEGAL:

What legal issues have you had in the past? _____
 Do you have any current legal issues? _____
 Are you on probation/Parole? _____
 What are the requirements: _____

EMPLOYMENT/VOLUNTEERING:

List (5) current and past employers beginning with most current/ how long you were there/ reason for leaving:

- 1.
- 2.
- 3.
- 4.

Circle the number of the job you liked most and X over number of the job you liked least.

Are you willing to work, volunteer or continue your education? _____
 If not, why? _____

What volunteer opportunities are you interested in? _____

What job do you see yourself doing in 5 years? _____

PHYSICAL HEALTH: Excellent Good Fair Poor

Menstrual status PMS _____ Peri-menopausal _____ Menopausal _____ Don't know _____

How do these affect your moods: _____

Haley House Application

What physical/medical consequences have you experienced as a result of your substance use: _____

Identify any physical/ medical/ psychological issues which may need to be addressed while in residence at Haley House:

Do you have a history of: ****PUT A "T" in the left margin if you have had treatment>**

Eating disorder: Y/N Current status: _____

Self-Harm: Y/N: Type: _____ Last action: _____

Gambling problem: Y/N Last time gambled: _____

Sex addiction: Y/N Was use of a substance always present: Y/N

Relationship/Co-Dependency: Y/N Explain: _____

Physical Abuse/Domestic Violence: Y/N When did this occur? _____

Trauma: Y/N What is the nature of the trauma? _____

Head Injury: Y/N Date/cause/treatment/current issues: _____

Car or other accidents: _____

EMOTIONAL/PSYCHOLOGICAL HEALTH: Excellent Good Fair Poor

Are you currently under the care of a psychiatrist? Y/N If yes, provide name and phone number: _____

Have you ever attempted suicide Y/N If so, under what conditions? _____

Are you currently suicidal? Y/N Do you have any past trauma issues? Y/N Grief Y/N

What psychiatric diagnosis do you have and what medication do you take if any? _____

Do you feel you are stable on these medications at this time? Y/N Any concerns? Y/N

SPIRITUAL HEALTH: Excellent Good Fair Poor

Do you believe in a Higher Power? Y/N

What is your religious practice or preference if any? _____

Do you plan on observing while at HH? Y/N

SOCIAL:

List the qualities you look for in friendships: _____

What types of personality traits do you have difficulty with? _____

How do you handle conflict resolution in a community setting? _____

How important do you feel a 12 step community relationship is to your recovery? _____

Where would you like to see yourself in 1 year in the areas of recovery, family, employment, spiritual, physical health, home? _____

Haley House Application

What benefits do you see for yourself living in a structured recovery environment?

Based on your past experiences with recovery, what do you consider your greatest barriers to achieving sustained recovery and why?

Is there anything else you would like to tell us that is important for us to know so that we can help you?

Thank you for taking the time to complete this application. All the information herein is confidential and may not be released to anyone outside Haley House without your consent as stated in the Code of Federal Regulations #42.

You have taken the most difficult step, to give up a life of addiction. Look forward to the adventure, joy and possibilities that lie ahead. You are not alone and sobriety is possible.

Please sign

Date