



WOMEN'S RECOVERY HOME

4670 Greenspring Valley Road, Green Spring, WV 26722
Program Director, Cris Shuck, Phone: 304-813-0234

APPLICATION FOR ADMISSION

Name _____ Date of Birth _____ Age: _____ Phone number _____

Referral Source _____ Projected Entry Date: _____

Co-occurring Diagnosis/es _____

Prior Treatment(s): _____

Recovery Residence History _____

Drug(s) of Choice: _____ Any IV Opiate Use: Y N _____

Recovery Time: _____

Medications: _____

History of Self-Harm: _____

Recent Suicidal ideation Homicidal ideation: _____

Relationship Status: _____ Children: _____

Work Experience/Plan: _____

Parent/Family Support: _____ Location: _____

Allergies _____ (foods, etc.) Dietary Restrictions _____

Accommodations necessary for physical disabilities _____

TB Test Y N (Must bring or have copy of results) Fee: Admission \$50, Security deposit \$75, \$125/week. (includes utilities)

Ever been arrested, convicted, or questioned for any violent or sexual crimes: Y N

Any outstanding warrants: Y N _____

Legal Issues: _____

Are you legally mandated to be here? Y N Legal Charge? _____

Vehicle: Y N Valid License: Y N Agree to Drug Screens : Y N

Referral Information

Have you been in treatment? Y N How many times have you been to treatment _____

Who referred you to us? _____

(Please answer the following questions.)

1. Who suggested that you come here (*chose one option that best applies*)?

- ☐ Family/Friend
- ☐ Employer/Coworker
- ☐ Treatment or human services professional
- ☐ Representative of the courts/judicial system
- ☐ No one
- ☐ Other: _____

2. How long have you been drug and alcohol free?

- ☐ Less than a month → How many days? _____
- ☐ One to three months
- ☐ Four to six months
- ☐ Seven months to a year
- ☐ More than one year

3. In the past 30 days, where have you been living most of the time (*chose one option that best applies*)?

- ☐ My own home/apartment
- ☐ Someone else's home/apartment
- ☐ In a medical, treatment, or other residential recovery setting
- ☐ In jail, prison, or another correctional setting
- ☐ In a shelter or another temporary housing facility
- ☐ Outdoors or on the streets
- ☐ Other: _____

4. Are you currently enrolled in school or a job training program?

- ☐ Not enrolled
- ☐ Enrolled full-time
- ☐ Enrolled part-time
- ☐ Other: _____

5. Are you currently employed (*chosed one option that best applies*)?

- ☐ Employed full-time (35+ hours per week)
- ☐ Employed part-time
- ☐ Unemployed and looking for work
- ☐ Unemployed and not looking for work (e.g., retired, disabled, enrolled in school, etc)
- ☐ Other: _____

6. In the past 30 days, did you attend any self-help or recovery support groups?

- ☐ Yes → If yes, what type _____ how many? _____
- ☐ No

7. How would you rate your quality of life?

- ☐ Very poor
- ☐ Poor
- ☐ Neither poor nor good
- ☐ Good
- ☐ Very good

8. What would you like to accomplish during your stay here?

9. What are your top 3 goals and why did you pick these?

10. What potential challenges do you see in improving your recovery?

11. Do you have a place to go if not accepted here?

12. How long would you anticipate staying here?

13. What else would be helpful for us to know about you to best serve you?

FOR OFFICE USE ONLY

Staff member _____

Move-in Date ____/____/____