



YWCA Northeast Indiana
1313 W. Washington Center Rd.
Fort Wayne, IN 46825
260.424.4908 ext. 109

ADDICTION RECOVERY PROGRAM ADMISSION APPLICATION

IN PERSON TELEPHONE MAIL FAX ONLINE

Date _____ Completed By _____

Name _____ DOB ____/____/____ SS# ____-____-____ Age

____ Current Marital Status Single (Never Married) Married Divorced _____ Are

you currently in Fort Wayne? Yes No, I am in _____

Housing Status Homeless: where are you staying and how did you end up there? For how long?

Homeless Shelter Transitional Living/Treatment Facility Eviction (with no resources for housing) Own home/rental Incarcerated (County and release date) Friends/Family

How did you hear about YWCA Northeast Indiana's Addiction Recovery Program?

Are you pregnant? Yes No

Do you have an open DCS case Yes No (If yes, provide County and FCM name and contact information)

List your children by name, age, and their living situation.

Family Physician _____ **If you do not have a family physician, where do you go for medical care?**

Medical

Problems _____ **Mental**

Health Care Providers (ex. Psychiatrist, Counselor, Therapist)

Name _____ Location and Phone # _____

Name _____ Location and Phone # _____

Do you have a psychiatric diagnosis? Yes No

If yes, please list what, when, and by whom (ex. PTSD, 2006, Dr. Smith at Mental Health, Inc.).

Medications

Name & Reason _____ Name & Reason _____

Name & Reason _____ Name & Reason _____

Name & Reason _____ Name & Reason _____

Employment Status

_____ Employed Place of employment _____

_____ Unemployed Date and place of last employment _____ SSI ___ SSDI ___

Please list any current or pending legal issues/charges.

Are you currently on probation/parole? ___ No ___ Yes

List the name and number of your PO, CM, and/or attorney

Are you eligible for Recovery Works? ___ Yes ___ No

May YWCA Northeast Indiana contact this person? ___ Yes ___ No

Have you previously had and/or are you currently receiving treatment for either substance abuse or mental health?

FACILITY	REASON FOR LEAVING	DATES (Approximately)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

List the top three substances that you are currently (or recently) using:

SUBSTANCE	AGE OF FIRST USE	FREQUENCY OF USE	DATE OF LAST USE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you an IV drug user? ___ Yes ___ No

What is your clean/sobriety date? _____

When and for how long was your longest period of being clean/sober? _____

Do you have a history of seizures, blackouts, DT's, or withdrawal? ___ No ___ Yes

Are you having any suicidal ideation or threats? ___ Yes ___ No

If yes, is there a specific plan and what?

Do you have a support network family and/or friends? ___ No ___ Yes

What is your reason for seeking treatment at YWCA Northeast Indiana?

Please list a phone number where you can be contacted. _____

YWCA NORTHEAST INDIANA STAFF ONLY NO SHELTER _____ ABUSER _____ NSOPW _____

SERVICES AND REFERRALS OFFERED: _____