

HOPE & HARRIET 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 Hope & Harriet?

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 NEIN 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)
----------	--------------------	-----------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Hope & Harriet House?

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

HOPE & HARRIET STAFF ONLY NO SHELTER ____ ABUSER ____ NSOPW ____

SERVICES AND REFERRALS OFFERED:
