

# WVCORR Application for Recovery Residence

“Together We Recover”

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Referral Agency:	Date:
Referral Agent:	Contact Number:

## APPLICANT

First:	Middle:	Last:
Marital Status:	D.O.B.	Age:
Gender:		
Social Security:	Telephone # ( ) _____ - _____	
Residence Prior to Program Entry:	County:	
Emergency Contact:	Phone:	Relationship
Do you have WV Medicaid?    No    Yes		
Have you ever been a resident at any WVCORR recovery residence?    No    Yes		
Are you Currently using any drugs? Alcohol, cocaine, heroin, marijuana, opiates, benzos, antihistamines, or any other narcotics?		
How many detoxes have you been in?	Outpatient	Residential

**Prior treatment attempts both In-patient and Out-Patient**

Date:	Location:	How Long:	Completed?

**Psychiatric History**

Most Recent?	Under Influence?	No	Yes
Any Current Suicidal Ideation?	No	Yes	
If Yes, Any Plans?	No	Yes	
Any History of Self Abuse/ Mutilation of Self?	No	Yes	
If Yes, Explain?			
Most Recent?	Under Influence?	No	Yes
Do you have a history of violence towards others?	No	Yes	
If Yes Explain?			

Please list all medications you are currently taking.

**Legal History**

Do you have any pending cases? No    Yes	Where/When?	For What?
Lawyer Name:	Phone #:	
Probation?    No    Yes Name: Phone #: Where?	Parole?    No    Yes Name: Phone #: Where?	
Do you currently have an open CPS case?	No	Yes
Who is your case worker? Phone #:		
Name, phone number of your provider: (if you have one)		

**Do you have child neglect/endangerment charges, or sex offender charges that would prevent you from interacting or being in the presence of children?**