Hampshire Phoenix house Application

Hampshire County Pathways Inc. Recovery Residential Living



Office: 304-822-7499

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“Rising to New Life”

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| --- | --- |
| Referral Agency: | Date: |
| Referral Agent: | Contact Number: |

 **APPLICANT**

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| First: | Middle: | Last: |
| MaritalStatus: | D.O.B. | Age: |
| Social Security: | Telephone # ( ) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ |
| Residence Prior to Program Entry: | County: |
| Emergency Contact:Name: Phone: | Relationship |
| Do you have WV Medicaid? No Yes |
| Have you ever been a Resident at the Phoenix house before? 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 |

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|  **Prior treatment attempts both In-patient and Out-Patient**  |
| Date: |  Location: |  How Long: |  Reason for Leaving: |
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|  **Psychiatric History** |
| Most Recent? | Under Influence? No Yes |
| Have you ever been diagnosed with mental health or psychological conditions?Yes No | If yes, explain: |
| Any Current Ideation? No Yes |
| If Yes, Any Plans? No Yes |
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| Any History of Self Abuse/ Mutilation of Self? No YesIf Yes, Explain? |

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| Most Recent? | Under Influence? No Yes |

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| Do you have a history of violence towards others? No YesIf Yes Explain? |

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| Please list all medications you are currently taking. |
|  **Legal History**  |

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| Do you have any pending cases? No Yes | Where/When? | For What? |

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| --- | --- |
| Lawyer Name: | Phone #: |
| Probation? No Yes Name:Phone #:Where? | Parole? No Yes Name:Phone #:Where? |

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| Do you currently have an open CPS case? No YesWho is your case worker?Phone #: |

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| 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? |