Hampshire County Lighthouse Application

Hampshire County Pathways Inc. Recovery Residential Living

 Office: 304-822-7499

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“A Beacon of Hope”

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

**APPLICANT**

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| First: | Middle: | | | Last: |
| Marital  Status: | 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 Lighthouse before? No Yes | | | | |
| Are you Currently using any drugs? Alcohol, cocaine, heroin, marijuana, opiates, benzos, antihistamines, or any other narcotics? | | | | |
| If you are not currently using when was the last time you used?  Sobriety Date: | | | | |
| Do you currently have sponsorship? | | | | |
| How many detoxes have you been in? Outpatient Residential | | | | |
| Are you pregnant or is there any chance you are pregnant?  Yes No | | | If yes, explain: | |

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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 | | | |
|  | | | |
| Any History of Self Abuse/ Mutilation of Self? No Yes  If 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 Yes  If 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 Yes  Who 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? |