

STAFF USE ONLY

Date application received: _____

pregnant? (circle one) YES NO

resident of (circle one) VT NH OTHER

UV resident? (circle one) YES NO

Medications: _____



RECOVERY HOUSING PROGRAM APPLICATION

please circle program you are applying for

Willow Grove for women

Jack's House for men

NAME:

Date of birth:

Age:

Phone

Email

Marital Status: S M CU D W

State and town of residence in the last 6 months:

List other programs applied to:

Reason for interest in recovery housing program:

Please list two emergency contacts who will pick you up in the event of an emergency including a recurrence of substance use.

1. Name _____ Phone # _____

Address _____

Relationship to you _____

2. Name _____ Phone # _____

Address _____

Relationship to you _____

LIVING/HOUSING SITUATION:

Homeless? Y ___ N ___

Where living currently:

Past roommate experience:

Any problems having a roommate?

After Second Wind Recovery Housing (if known):

CHILDREN: Y ___ N ___

(use back if necessary)

Gender/Age Name legal custody physical custody living situation

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SUBSTANCE USE HISTORY: (Circle primary substance used)

| Drug name | First use | Last use | Recent quantities used |
|---------------|-----------|----------|------------------------|
| Alcohol | _____ | _____ | _____ |
| Marijuana | _____ | _____ | _____ |
| Cocaine | _____ | _____ | _____ |
| Heroin | _____ | _____ | _____ |
| Other opiates | _____ | _____ | _____ |
| Methamphet | _____ | _____ | _____ |
| Other sub | _____ | _____ | _____ |
| Other sub | _____ | _____ | _____ |
| Nicotine | _____ | _____ | _____ |
| Caffeine | _____ | _____ | _____ |

Any history of IV use? Y ___ N ___

Any significant periods in recovery? Y ___ N ___ longest time _____

OTHER ADDICTIVE BEHAVIORS: Fill in yes or no.

Eating Disorder: _____ Relationships: _____ Sex: _____ Exercise: _____

Gambling: _____ Spending: _____ Computer/Internet: _____

Other: _____

If yes to any above please explain below:

SUBSTANCE USE DISORDER TREATMENT HISTORY: (most recent first,w/dates and location)

Inpatient (including detox):

Intensive Outpatient Program:

Counseling:

Recovery Housing:

SELF HELP GROUPS:

AA? Y ___ N ___ NA? Y ___ N ___ Preference?

involved with AA or NA for how long?

Sponsor in the past: Y ___ N ___ If yes, were you in regular contact?

Sponsor currently: Y ___ N ___ If yes, in regular contact?

Are you willing to get a sponsor locally? Y ___ N ___

PSYCHIATRIC TREATMENT HISTORY: (most recent first, include dates and location)

Inpatient:

Counseling:

Emergency Room visits:

Suicidal thoughts currently: Y ___ N ___ In the past: Y ___ N ___

Suicide attempts currently: Y ___ N ___ In the past: Y ___ N ___

If yes to any of above, describe:

Homicidal thoughts currently: Y ___ N ___ In the past: Y ___ N ___

If yes, describe:

MEDICATIONS:

Currently on medications: Y ___ N ___

| MEDICINE | DOSAGE | FREQUENCY | CONDITION MED USED FOR |
|----------|--------|-----------|------------------------|
|----------|--------|-----------|------------------------|

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Who prescribes currently?

Who will prescribe while at Second Wind Foundation Recovery Housing?

MEDICAL HISTORY:

PCP: _____ Address: _____ Telephone: _____
Date of last physical exam: _____ Condition(s) currently being treated: _____
Any chronic conditions? _____ Require periodic monitoring? _____

Tested for HIV/AIDS Y ___ N ___ Result: _____
Hepatitis B: Y ___ N ___ Result: _____
Hepatitis C: Y ___ N ___ Result: _____

Describe treatment if positive for any of above, or list none:

Pregnant: Y ___ N ___ Number of weeks: _____
Prenatal care: Y ___ N ___ Provider: _____

Do you suffer from frequent headaches?

If yes, please explain:

Do you have any conditions that would prevent you from working/volunteering, walking, and leaving Second Wind Foundation Recovery Housing without assistance each day?

If yes, please explain:

Other relevant medical information:

HEALTH INSURANCE COMPANY: _____ ID#: _____

DENTAL HISTORY:

Dentist Name: _____ Address: _____ Telephone: _____
Date of last exam: _____ Current needs: _____ Any urgent needs: _____

DENTAL INSURANCE COMPANY: _____ ID#: _____

SIGNIFICANT RELATIONSHIP HISTORY:

History marriages/separations/divorces:

Current significant other: Y ___ N ___

If yes, their name and address:

Status of current relationship:

History domestic violence in the past: Y ___ N ___ Current: Y ___ N ___

If yes, explain:

EDUCATION:

Goals for education:

Interests:

EMPLOYMENT:

Currently employed: Y ___ N ___ Describe:

Past employment (list most recent first):

Position Held: Location: Dates: Reason for leaving:

1.

2.

3.

Willing to work or volunteer? Y ___ N ___

Describe current job search, type of job seeking:

FINANCIAL STATUS:

Are you restricted from opening a bank account? Y__N__ why?_____

\$ in checking: \$ in savings: Cash on hand:

Other assets:

Debts/loans: Monthly expenses:

How would you pay for Second Wind Recovery Housing?

Is there anyone who would help with Second Wind Recovery Housing costs if needed?

FAMILY OF ORIGIN HISTORY:

General Description:

Substance abuse/mental health issues in family: Y___ N ___

If yes, explain:

Has any family member attempted or committed suicide or homicide? Y ___ N ___

If yes, describe:

Estrangements from family:

SUPPORT NETWORK:

Family:

Friends:

HISTORY OF SIGNIFICANT LOSSES/ABUSE/TRAUMA:

LEGAL HISTORY:

History of arrests:

History of incarceration, with dates, location and description of crime:

Have you been convicted of a felony?

Are you on probation Y ___ N ___ Are you on parole: Y ___ N ___

Name of Probation or Parole Officer:

PO Telephone:

PO Email:

location of P&P office:

County/district:

State:

Will you be on furlough (FSU field supervision unit)?

Conditions of probation/parole:

Does anyone have a restraining order against you?

Do you have a restraining order against someone else?

SPIRITUALITY/RELIGIOUS BELIEFS:

MISCELLANEOUS:

Valid license? Y ___ N ___ If yes, from what state?

Do you have a vehicle? Y ___ N ___ Registered and insured? Y ___ N ___

Do you plan to bring it to Second Wind Recovery Housing? Y ___ N ___

Any pets? How will they be cared for?

Is there any additional information you would like to share? (use back if necessary):

I verify the information in this application is true

Signature of applicant

date

Please mail this application to:

***The Second Wind Foundation
(willow grove or jack's house)
200 Olcott Drive
White River Junction 05001***

or save as a pdf and email to:

kcoleman@secondwindfound.org ***for Jack's House***
mfellows@secondwindfound.org ***for Willow Grove***