



PO BOX 1224
Cherokee, NC 28719
828-497-6342 Office

RezHOPE_Recovery@icould.com

RezHOPE Gadugi House Program Application

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Birth Place _____ Country _____

Do you maintain a primary residence? _____ Yes _____ No

Are you experiencing homelessness? _____ Yes _____ No

if yes, for how long? _____

Telephone: Home _____ Cell _____

Age _____ Birthdate _____ Sex _____ Race _____

Marital Status _____ Maiden Name _____

(If married, give spouse name) Spouse _____

Highest level of education completed _____

SSN _____

REFERRAL INFORMATION

Referring Agency_____

Address_____

City_____ State_____ Zip Code_____

Phone_____ Email_____ Fax_____

EMPLOYMENT INFORMATION

Are you currently employed? ____ Yes ____ No

Employer's Name_____

Previous Employer's Name/ Dates employed_____

Reason no longer there_____

Are you a U.S. veteran? ____ Yes ____ No

If yes, what branch_____

Honorable discharge_____ Dishonorable discharge_____

Do you have any work restrictions?_____

Describe prior work experience or assets_____

FINANCIAL INFORMATION

Do you own property? ____ Yes ____ No If yes, describe_____

Do you own a vehicle? ____ Yes ____ No If yes, describe_____

Are you ordered to pay child support? ____ Yes ____ No

Are you behind? ____ Yes ____ No If so, How Much?_____

Do you receive any ongoing financial reimbursement for any reason? (disability, trust funds, etc.) Yes No If yes, please explain _____

Are you currently applying for disability (SSI, SSDI)? Yes No

If yes, for what reason? _____

FAMILY HISTORY

Does anyone in your family have a history of alcohol and/or drug abuse? Yes No

If yes, Please check all that applies Father Mother Grandparent(s)

Siblings Step-parent (Live in) uncles/aunts

Spouse or significant other children caretaker

Please describe your current circumstances with your immediate family _____

What is your parent's current marital status?

married to each other

seperated for _____ years

divorced for _____ years

mother remarried _____ times

father remarried _____ times

Mother involved with someone

Father involved with someone

mother deceased for _____ years, your age at mother's death _____

father deceased for _____ years, your age at father's death _____

Describe your childhood family experience:

Outstanding home environment normal home environment

Chaotic home environment

Witnessed physical/verbal/sexual abuse towards others

experienced physical/verbal/sexual abuse from others

CHILDREN INFORMATION

NAME OF CHILDREN

AGE OF CHILD

Who currently has custody of children:

Is child currently enrolled in school? Yes No

Other agencies involved: DSS Family Safety Juvenile Court Other

If involved, what is the name of any assigned worker's name _____

Address _____

Phone _____ Fax _____

SUBSTANCE ABUSE HISTORY

Please list in order of preference all drugs/substances used past to present. This must be completed.

Drug Amount used at peak Age at first use Method of use Date of last use

Consequences of substance abuse (check all that apply):

- Hangover Withdrawal Symptoms Sleep Disturbance Binges
 Suicidal Impulse Seizures Medical Conditions Assaults
 Job Loss Blackouts Tolerance Change Arrests Overdose
 Loss of control amount used Relationship Conflicts
 Other _____

On a scale of 1 to 10:

(no problem) 1 2 3 4 5 6 7 8 9 10 (Very serious problem)

How serious of a problem do you think you have with drugs/alcohol? _____

How motivated are you to make changes in your life currently? _____

Have you ever been in a Transitional Living house? Yes No

If yes: Name of House _____

Where? _____

When? _____

How long? _____

Why did you leave? _____

Have you ever been in an outpatient treatment program? Yes No

If yes: Name _____

Where? _____

When? _____

How long? _____

Did you complete? Yes No

If no, why did you leave? _____

Have you ever been in an inpatient treatment program? Yes No

If yes: Name _____

Where? _____

When? _____

How long? _____

Did you complete? Yes No

If no, why did you leave? _____

How many times have you completed detox? _____

Do you consider yourself a person who struggles with addiction to alcohol/substances?

Yes No

Do you currently have a sponsor/mentor? Yes No

Are you working or willing to work a recovery program (NA, AA, CR, etc.) Yes No

Are you currently attending AA/NA meetings? Yes No

If yes, How many per week? _____

Have you ever overdosed? Yes No

If you answered yes, please answer the following questions-

How many times? _____

What were the circumstances surrounding the overdose? (When, where, why, etc.)

Were you revived by naloxone? Yes No

MEDICAL HISTORY

Are you currently under the care of a physician? Yes No

If yes, Name: _____ Address: _____

City _____ State _____ Phone _____

Do you suffer from or have experienced any of the following?

Diabetes Yes No (if yes, please explain)

High Blood Pressure Yes No (if yes, please explain)

Heart Disease ____ Yes ____ No (if yes, please explain)

Stroke ____ Yes ____ No (if yes, please explain)

Seizures ____ Yes ____ No (if yes, please explain)

Liver or Kidney Disease ____ Yes ____ No (if yes, please explain)

Thyroid or hormonal ____ Yes ____ No (if yes, please explain)

Cancer ____ Yes ____ No (if yes, please explain)

Have you ever been tested for aids/hiv, stds, hep a b c or d? ____ Yes ____ No

If yes- Test date and result _____

List prescribed medications including over-the-counter medications needed: _____

Do you have any allergies to environment, food, or medications? ____ Yes ____ No

If yes, please explain _____

MENTAL HEALTH HISTORY

Have you ever been hospitalized and/or treated for any mental health issues? ____ Yes ____ No

If yes, please answer the following questions:

Was it voluntary or involuntary? _____

Are you currently taking any mental health medications? ____Yes ____No

If yes, please list the names and dosage of your medications _____

Do you have a family history of mental health problems? ____Yes ____No

If yes, please explain _____

Have you ever been sexually assaulted? ____Yes ____No

If yes, have you received counseling for this? ____Yes ____No

Are you currently suicidal or experiencing suicidal ideation? ____Yes ____No

Have you ever tried to commit suicide? ____Yes ____No If yes, date? _____

Have you ever had self-harm or bulimic behaviors? ____Yes ____No

Have you ever been the victim of a violent crime? ____Yes ____No

How has substance use affected your mental health? _____

CRIMINAL JUSTICE INFORMATION

Have you ever been convicted of a crime? ____Yes ____No

If yes, please give the nature of charge and date of conviction(s): _____

Did any of these convictions lead to incarceration? ____Yes ____No

If yes, please list institution and year of confinement: _____

Are you currently incarcerated? ____ Yes ____ No

If yes, which facility? _____

Expected release date? _____

Have you ever been convicted of a sexual offense? ____ Yes ____ No

If yes, please list where _____

Opus Number: _____

PAROLE OR PROBATION OFFICER

Are you on Probation or parole? ____ Yes ____ No

County: _____ Duration: _____

Officer's name: _____

Address: _____

Phone: Office: _____ Cell _____

Do you have any pending legal actions or outstanding warrants? ____ Yes ____ No

If yes, list them by name and date: _____

When is your next court date? _____

Where is your court date?(city, state, county) _____

What is your attorney's name? _____

Address _____

Phone _____

Fax _____

MISCELLANEOUS

Will you have your admissions fee? ____ Yes ____ No

Do you have a valid NC Driver's License that you will bring with you? ____ Yes ____ No

If yes, what is your license number? _____

Do you have a vehicle? ____ Yes ____ No

Do you have a photo ID that you will bring with you? ____ Yes ____ No

If yes, what is your ID number? _____

Do you have any future upcoming appointments (i.e. Doctor's , Dentist, Social services, etc?) If yes, please explain _____

NOTIFY IN CASE OF EMERGENCY

Name: _____ Relationship _____

Address: _____

City _____ State _____ Zip Code _____

Phone _____ Cell _____

Work _____

AFFIRMATION

I affirm that my answers and information that I have provided in this application are true and accurate. I understand that if I am accepted in the program, any misinformation and/or dishonest answer may be grounds for my dismissal from RezHOPE Transitional Living Program. I also understand that should any other information concerning me arise while I am in RezHOPE Transitional Living that renders me ineligible to continue, I will be discharged.

Signature _____ Date _____

MENTAL STATUS: (To be filled out by counselor or caregiver) (CHECK AND DESCRIBE)

DANGER TO SELF:

- NONE
- THREATS OF SUICIDE
- PLAN FOR SUICIDE
- PREOCCUPATION WITH DEATH
- SUICIDE ATTEMPTS
- INABILITY TO CARE FOR SELF

DANGER TO OTHERS:

- NONE
- THREATS TO HARM OTHERS
- PLAN TO HARM OTHERS
- ATTEMPTS TO HARM OTHERS

ATTITUDE:

- COOPERATIVE
- UNCOOPERATIVE
- RESERVED
- SARCASTIC
- SUSPICIOUS
- GUARDED
- HOSTILE
- PRESERVATION

EMOTIONAL STATE: THOUGHT FORM:

- GOOD
- SAD/DEPRESSED
- EUPHORIC
- HOSTILE
- NORMAL
- TANGENTIAL THINKING
- LOOSE ASSOCIATIONS
- SLOWNESS IN THOUGHT
- INCOHERENT
- CONFUSED
- FLIGHT OF IDEAS
- OTHER

INSIGHT:

- GOOD
- FAIR
- POOR

THOUGHT CONTENT:

- NORMAL
- UNABLE TO ACCESS
- IDEAS OF REFERENCE
- SUSPICIOUS
- DELUSION
- HALLUCINATIONS
- FEELING HOPELESS/HELPLESS

DESCRIPTIONS: (To be filled out by counselor or caregiver)
