

Date _____ Source referral _____ Date of discharge _____



Prospect House
26 Water St
Keene, NH 03431

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Website: www.prospecthousenh.org

Resident Application

Resident Name (First) _____ (M) _____ (Last) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Social Sec # _____ Email Address _____

Age _____ Date of Birth _____ Marital Status: Single Married Divorced Widowed Partner

Is your plan to return to this address following completion of your stay here? Y N

If you go on overnight passes while with us is this where you plan on staying? Y N

Children (names/ages) _____

Spouses/Partner Name _____ Cell Phone _____

Address _____

Do you Drive? _____ Do you own a car? _____

Emergency Contact: ADD NAME TO RELEASE (LAST PAGE)

Contact Name: _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Allergies _____

Medications _____

Doctor's Name: _____ ADD NAME TO RELEASE (LAST PAGE)

Phone Number: _____

MAT? _____ DR: _____ Clinic _____ Dose: _____

Legal Information

Are you legally mandated to us? Y N Legal Charge? _____

On Probation Y N On Parole Y N Outstanding Warrants? Y N

Have you ever been convicted of any violent or sexual crimes? Y N

Supervision Officer Name _____ ADD NAME TO RELEASE (LAST PAGE)

City _____ State _____ Zip _____

Phone _____ Fax _____

Demographic Information

Sex: Male Female Transgender

<u>Race</u>
<input type="radio"/> Caucasian
<input type="radio"/> African American
<input type="radio"/> Native America
<input type="radio"/> Asian-Pacific Islander
<input type="radio"/> Hispanic
<input type="radio"/> Other _____

<u>Education</u> (Check Highest Grade Completed)
<input type="radio"/> Less than HS
<input type="radio"/> HS/GED
<input type="radio"/> Some College
<input type="radio"/> 2 Year Degree
<input type="radio"/> 4 Year Degree
<input type="radio"/> Other _____

Do you have learning Disability? _____

Profession/Employment/Skill _____

Hobby/Interest: _____

Household Income (Check One)

- Less than \$10,000
- \$10,000 – 25,000
- \$25,000 – 50,000
- \$50,000 – 75,000
- Over \$75,000

Military Service Y N

Branch _____ Type of Discharge _____

Previous Diagnosis (Check all that Apply)

- 0 Substance Abuse (Drug or Alcohol)
- 0 Eating Disorder
- 0 Mood/Personality/MH Disorder – Type _____

Addiction History Current recovery date _____

Drug of Choice (Check all that apply and list specific form of substance)

ORAL/INHALE/INJECT/SMOKE

- 0 Alcohol _____
- 0 Amphetamines _____
- 0 Benzos _____
- 0 Cocaine _____
- 0 Hallucinogen _____
- 0 Marijuana _____
- 0 Opiates/Heroin _____
- 0 Tobacco _____
- 0 Other Type _____

DRUG OF CHOICE – FIRST _____ SECOND _____ THIRD _____

Age you began using? _____

How Many times have you been to Detox _____ Rehab _____

Times Relapsed? _____

Referral Information

Last Treatment Center Name _____

Case Manager's Name _____ ADD NAME TO RELEASE (LAST PAGE)

Who referred you to us? _____

Religious Preference

- 0 Protestant/Christian
- 0 Catholic
- 0 Jewish
- 0 Higher Power
- 0 Other _____

1. Who suggested that you come here (chose one option that best applies)?

- Family/Friend
- Employer/Coworker
- Treatment or human services professional
- Representative of the courts/judicial system
- No one
- Other: _____

2. How long have you been drug and alcohol free?

- Less than a month → How many days? ____ ____
- One to three months
- Four to six months
- Seven months to a year
- More than one year

3. In the past 30 days, where have you been living most of the time (chose one option that best applies)?

- My own home/apartment
- Someone else's home/apartment
- In a medical, treatment, or other residential recovery setting
- In jail, prison, or another correctional setting
- In a shelter or another temporary housing facility
- Outdoors or on the streets
- Other: _____

4. Are you currently enrolled in school or a job training program?

- Not enrolled
- Enrolled full-time
- Enrolled part-time
- Other: _____

5. Are you currently employed (chose one option that best applies)?

- Employed full-time (35+ hours per week)
- Employed part-time
- Unemployed and looking for work
- Unemployed and not looking for work (e.g., retired, disabled, enrolled in school, etc) _____
- Other: _____

6. In the past 30 days, did you attend any self-help or recovery support groups?

- Yes → If yes, what type _____ how many? ____ ____
- No

What is your preferred Recovery Self Help Type: _____

7. How would you rate your quality of life?

Very poor Good

Poor Very good

Neither poor nor good

8. What would you like to accomplish during your stay here?

9. What are your top 3 goals and why did you pick these?

10. What potential challenges do you see in improving your recovery?

11. What else would be helpful for us to know about you to best serve you?
