Date _____

Prospect House
26 Water St
Keene, NH 03431
FAX TO: 603-719-0900
email: Prospecthousekeene@outlook.com
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

Race

- 0 Caucasian
- 0 African American
- 0 Native America
- 0 Asian-Pacific Islander
- 0 Hispanic
- 0 Other _____

Education
(Check Highest Grade Completed)

- 0 Less than HS
- 0 HS/GED
- 0 Some College
- 0 2 Year Degree
- 0 4 Year Degree
- 0 Other_____

Do you have learning Disability?_____

Profession/Employment/Skill _____

Hobby/Interest:_____

Household Income (Check One)

- 0 Less than $10,000
- 0 $10,000 – 25,000
- 0 $25,000 – 50,000
- 0 $50,000 – 75,000
- 0 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)?

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

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

0 Less than a month → How many days? ___ ___
0 One to three months
0 Four to six months
0 Seven months to a year
0 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)?

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

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

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

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

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

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

0 Yes → If yes, what type _____how many? ___ ___
0 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?

_____

_____

_____

_____

_____

_____

CONSENT TO RELEASE/SHARE RECORD INFORMATION
CONTAINING SUBSTANCE ABUSE INFORMATION
42 CFR Part 2 and HIPAA

I,_____,
[Resident's name]

Prospect House LLC 26 Water St Keene, NH 03431, and their assigns
authorize _____
to disclose the following:

1. This information will include the following:
Progress and information – Prospect House behavior
Progress and information – Prospect House Urine/breath/saliva Drug/Alcohol Testing

to _____
[name of person(s) you are consenting to receive information] for the purpose of

INFORMATION ON ADHERENCE, TESTING RESULTS, BEHAVIOR AT PROSPECT HOUSE
_____.

I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient/Client Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will expire automatically as follows:
ONE WEEK AFTER DISCHARGE DATE
_____

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

_____
Signature of resident