

Admission Application



MAGDALENE
SERENITY HOUSE

Send completed application to:

Email: april@lovehealsnwa.org

Mail: PO BOX 3394 Fayetteville, AR 72702

Apply by Phone: [479-301-2326](tel:479-301-2326)

Basic Information

Applicant Name: _____

Date of Birth _____ Age: _____ Phone: _____

Are you currently incarcerated? Yes No

If yes: Release date _____ ADC number _____

423 Date (if applicable): _____ TE Date (if applicable): _____

Have you ever been incarcerated? Yes No

If yes, list dates, location, and length of incarceration: _____

Current Address or Location:

(Street Address) (City) (State) (Zip)

Children:

Do you have children? Yes No

How old are your children? _____

Who has primary custody of your children? _____

Initial Screening Form

Substance Abuse History:

Check type of drug and/or alcohol preference:

- Alcohol
- Prescription Drugs
- Hallucinogens
- Marijuana
- Opiates
- Narcotics
- Crack/Cocaine
- Barbiturates
- Meth
- Benzodiazepines
- Other: _____

Last time used drugs/alcohol: _____

What is the longest period of abstinence you have had? _____

Mental & Physical Health:

Do you have any physical disabilities or limitations? Yes No

If yes, can you please describe your physical disability and/or limitation(s)?

Are you currently on any medications? Yes No

If yes, please list medications: _____

Have you ever received a mental health evaluation? Yes No

If yes, what were you told? _____

Have you received any of the following services?

Inpatient or residential drug treatment

Date(s) & Location(s): _____

Inpatient psychiatric hospitalization

Date(s) & Location(s): _____

Initial Screening Form

What was not helpful to you in the other programs?

What has caused you to relapse or reoffend?

What do good boundaries look like to you?

MSH is a community. What do you think are some benefits of living in a community?

How do you handle a conflict or problem with another person? Example?

What questions do you have about our program?
