

**Admission Application**



**MAGDALENE**  
SERENITY HOUSE

**Send completed application to:**

**Email:** [ashley@lovehealsnwa.org](mailto:ashley@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? \_\_\_\_\_

\_\_\_\_\_

**Substance Abuse History:**

# Initial Screening Form

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Check type of drug and/or alcohol preference:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Alcohol         | <input type="checkbox"/> Prescription Drugs | <input type="checkbox"/> Hallucinogens |
| <input type="checkbox"/> Marijuana       | <input type="checkbox"/> Opiates            | <input type="checkbox"/> Heroin        |
| <input type="checkbox"/> Crack/Cocaine   | <input type="checkbox"/> Barbiturates       | <input type="checkbox"/> Meth          |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Other: _____       |  |

Age you began using drugs/alcohol: \_\_\_\_\_

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

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**Education and Employment History**

Can you tell us about your employment history? \_\_\_\_\_

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**Criminal History:**

Do you have any of the following charges?

Assault    Battery    Sexual Offenses    Weapons Charges

Other violent charges (please explain): \_\_\_\_\_

Do you have any felonies?                       Yes               No

Type of Felony: \_\_\_\_\_

Do you have any pending cases?                       Yes               No

Are you currently on parole?                       Yes               No

Are you currently on probation?                       Yes               No

Probation/ Parole County \_\_\_\_\_

**Additional Questions**

What goals do you want to achieve during your residency in the program?

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What other program options have you explored or completed?

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Can you tell us what worked well for you in those programs?

Initial Screening Form

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What was not helpful to you in the other programs?

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What has caused you to relapse or reoffend?

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What do good boundaries look like to you?

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

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

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What questions do you have about our program?

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Initial Screening Form

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