

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)

COVID-19 Policy

MSH Residents and staff are **required** to have the COVID-19 Vaccine.

Do you have the COVID-19 Vaccine? Yes No

Would you be willing to get the Vaccine? Yes No

Initial Screening Form

Children:

Do you have children? Yes No

How old are your children? _____

Who has primary custody of your children? _____

Substance Abuse History:

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? _____

Initial Screening Form

Have you received any of the following services?

Inpatient or residential drug treatment

Date(s) & Location(s): _____

Inpatient psychiatric hospitalization

Date(s) & Location(s): _____

Education and Employment History

Can you tell us about your employment history? _____

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 _____

Initial Screening Form

Additional Questions

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

What other program options have you explored or completed?

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

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?

Initial Screening Form

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?
