

Admission Application



**MAGDALENE**  
SERENITY HOUSE

Send completed application to:

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

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**Substance Abuse History:**

Check type of drug and/or alcohol preference:

- Alcohol  Prescription Drugs  Hallucinogens
- Marijuana  Opiates  Heroin
- Crack/Cocaine  Barbiturates  Meth
- Benzodiazepines  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)?

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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? \_\_\_\_\_

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**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?

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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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## Initial Screening Form

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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