Admission Application

MAGDALENE
SERENITY HOUSE

Send completed application to:

Email: mshadmin@lovehealsnwa.org

Mail: PO BOX 3394 Fayetteville, AR 72702

Apply by Phone: 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	☐ 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)?

_____

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

Initial Screening Form

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/What were the charges:

_____

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

Initial Screening Form

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?

_____

_____

_____