



# MAGDALENE SERENITY HOUSE

## Admission Application [OBJ]

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Send completed application to: Email: [mshadmin@lovehealsnwa.org](mailto:mshadmin@lovehealsnwa.org)

Mail: PO BOX 3394 Fayetteville, AR 72702

To check on status of application call: [479-301-2326](tel:479-301-2326)

Please ensure that all sections are completed in full so that your application may be considered.

### **Basic Information**

Applicant Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In case we can't get in contact with you what's a second person to contact if any:

\_\_\_\_\_

Current address where you are living:

\_\_\_\_\_

Which forms of ID do you currently have? Check all that apply

\_\_\_\_\_ State ID \_\_\_\_\_ Driver's License \_\_\_\_\_ Social Security Card \_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Food Stamp \_\_\_\_\_ Medical Insurance Which one: \_\_\_\_\_

### **Relation status**

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorce \_\_\_\_\_ Living with Partner

If in a relationship do you still talk to this person? ☐ Yes ☐ No

## Initial Screening Form

### **Children:**

Do you have children? ☐ Yes ☐ No

Are you currently pregnant? ☐ Yes ☐ No

How old are your children? \_\_\_\_\_

Who has primary custody of your children? \_\_\_\_\_

If you don't have custody, do you have a good relationship with the guardian? ☐ Yes ☐ No

### **Education and Employment History**

Highest grade completed? \_\_\_\_\_

High School Diploma/GED? ☐ Yes ☐ No

Are you currently working? ☐ Yes ☐ No

Work history:

| Current or Previous Employer | Position | Length of time |
|------------------------------|----------|----------------|
|                              |          |                |
|                              |          |                |
|                              |          |                |
|                              |          |                |

### **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

| Medication | Dose | Medication helps with |
|------------|------|-----------------------|
|            |      |                       |

Initial Screening Form

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|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

Do you anticipate any upcoming medical procedures? ☐ Yes ☐ No

If yes, will this procedure limit your ability to begin working?

\_\_\_\_\_

Have you **ever** received a mental health evaluation? ☐ Yes ☐ No

| Diagnose | When | Where | Medication |
|----------|------|-------|------------|
|          |      |       |            |
|          |      |       |            |
|          |      |       |            |

Have you received any of the following services?

Inpatient or residential substance use treatment ☐ Yes ☐ No

| Where | Diagnosis Determination | Was the Program Completed? |
|-------|-------------------------|----------------------------|
|       |                         |                            |
|       |                         |                            |
|       |                         |                            |

# Initial Screening Form

Inpatient psychiatric hospitalization

☐ Yes

☐ No

| Where | Any new diagnoses | Was the Program Completed? |
|-------|-------------------|----------------------------|
|       |                   |                            |
|       |                   |                            |

## Substance Abuse History:

Check type of drug and/or alcohol preference:

|               |  |                                                                       |  |
|---------------|--|-----------------------------------------------------------------------|--|
| Alcohol       |  | Prescription drugs                                                    |  |
| Marijuana     |  | Hallucinogens<br>(i.e. LSD, Ketamine, MDMA (ecstasy), PCP)            |  |
| Crack/Cocaine |  | Opiates<br>(i.e. Morphine, Oxycodone, Hydrocodone, codeine, fentanyl) |  |
| Heroin        |  | Barbiturates                                                          |  |
| Meth          |  | Benzodiazepines<br>( i.e. Ativan, Xanax, Ativan, Klonopin, Valium)    |  |
| Other         |  |                                                                       |  |

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

Last time you used drugs/alcohol: \_\_\_\_\_

What is the longest period of abstinence you have had? \_\_\_\_\_

Initial Screening Form

Have you ever been on Suboxone/Methadone/Subutex? ☐ Yes ☐ No

If yes, when was the last time? \_\_\_\_\_

Did you complete the MAT program? \_\_\_\_\_

**Criminal History:**

Are you currently incarcerated? ☐ Yes ☐ No

If yes: Release Date: \_\_\_\_\_ Corrections Number: \_\_\_\_\_

423 Date (if applicable): \_\_\_\_\_ TE Date (if applicable): \_\_\_\_\_

Have you ever been incarcerated? ☐ Yes ☐ No

| Location | Dates (month/year) | Length |
|----------|--------------------|--------|
|          |                    |        |
|          |                    |        |
|          |                    |        |
|          |                    |        |
|          |                    |        |
|          |                    |        |

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: \_\_\_\_\_

Initial Screening Form

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Do you have any pending legal cases? ☐ Yes ☐ No

If yes, where are the legal case(s): \_\_\_\_\_

Do you have any Failure to Appear (FTA) Pending? ☐ 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 hope to work on while in our program?

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What other program options have you explored or completed?

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If you have participated in a treatment program before, what was helpful, or unhelpful?

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What has caused you to relapse or reoffend?

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## Initial Screening Form

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 conflicts or problems with another person? Example?

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What questions do you have about our program?

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