

HOPE & HARRIET ADMISSION APPLICATION

IN PERSON TELEPHONE MAIL FAX ONLINE

Date _____ Completed By _____

Name _____ DOB _____

Age _____ Current Marital Status Single (Never Married) Married Divorced _____

Are you currently in Fort Wayne? Yes No, I am in _____

Housing Status _____ Homeless: where are you staying and how did you end up there? For how long?
_____ Homeless Shelter _____ Transitional Living/Treatment Facility
_____ Eviction (with no resources for housing) _____ Own home/rental
_____ Incarcerated (County and release date) _____ Friends/Family

How did you hear about Hope & Harriet?

Are you pregnant? Yes No

Do you have an open DCS case Yes No (If yes, provide County and FCM name and contact information)

List your children by age and their living situation.

_____ _____
_____ _____

Family Physician _____

If you do not have a family physician, where do you go for medical care? _____

Medical Problems _____

Mental Health Care Providers (ex. Psychiatrist, Counselor, Therapist)

Name _____ Location and Phone # _____

Name _____ Location and Phone # _____

Do you have a psychiatric diagnosis? Yes No

If yes, please list what, when, and by whom (ex. PTSD, 2006, Dr. Smith at Mental Health, Inc.).

Medications

Name & Reason _____ Name & Reason _____

Name & Reason _____ Name & Reason _____

Name & Reason _____ Name & Reason _____

Employment Status

Employed Place of employment _____
 Unemployed Date and place of last employment _____ SSI SSDI

Please list any current or pending legal issues/charges.

Are you currently on probation/parole? No Yes

List the name and number of your PO, CM, and/or attorney. _____

Are you eligible for Recovery Works? Yes No

May Hope House contact this person? Yes No

Have you previously had and/or are you currently receiving treatment for either substance abuse or mental health?

FACILITY	REASON FOR LEAVING	DATES (Approximately)
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the top three substances that you are currently (or recently) using:

SUBSTANCE	AGE OF FIRST USE	FREQUENCY OF USE	DATE OF LAST USE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you an IV drug user? Yes No

What is your clean/sobriety date? _____

When and for how long was your longest period of being clean/sober?

Do you have a history of seizures, blackouts, DT's, or withdrawal? No Yes

Are you having any suicidal ideation or threats? Yes No

If yes, is there a specific plan and what? _____

Do you have a support network family and/or friends? No Yes

What is your reason for seeking treatment at Hope House?

Please list a phone number where you can be contacted. _____

HOPE & HARRIET STAFF ONLY 

NO SHELTER ABUSER NSOPW

SERVICES AND REFERRELS OFFERED:
