



Hope & Harriet  
Recovery Services Program  
5920 Decatur Road  
Fort Wayne IN 46816  
(260) 424-4908 ext. 109

### HOPE & HARRIET ADMISSION APPLICATION

\_\_\_ IN PERSON \_\_\_ TELEPHONE \_\_\_ MAIL \_\_\_ FAX \_\_\_ ONLINE

Date \_\_\_\_\_ Completed By \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_\_ Current Marital Status: \_\_\_ Single (Never Married) \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed

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      \_\_\_ Friends/Family
- \_\_\_ Incarcerated (County and release date) \_\_\_\_\_

How did you hear about Hope & Harriet? \_\_\_\_\_

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/sobber? \_\_\_\_\_

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

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

Family Physician: \_\_\_\_\_

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

Medical Problems \_\_\_\_\_

Are you pregnant? \_\_\_ Yes \_\_\_ No

**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.).

Are you having any suicidal ideation or threats? \_\_\_ Yes \_\_\_ No

If yes, is there a specific plan and what? \_\_\_\_\_

**Medications**

Name & Reason \_\_\_\_\_ Name & Reason \_\_\_\_\_

Name & Reason \_\_\_\_\_ Name & Reason \_\_\_\_\_

Name & Reason \_\_\_\_\_ Name & Reason \_\_\_\_\_

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

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

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

List your children by name, age and their living situation.

\_\_\_\_\_  
\_\_\_\_\_

Please list any current or pending criminal issues/charges.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Are you currently on probation/parole? \_\_\_ No \_\_\_ Yes      May Hope House contact this person? \_\_\_ Yes \_\_\_ No

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

Are you eligible for Recovery Works? \_\_\_ Yes \_\_\_ No

**Employment Status**

\_\_\_ Employed Place of employment \_\_\_\_\_

\_\_\_ Unemployed Date and place of last employment \_\_\_\_\_ SSI \_\_\_ SSDI \_\_\_

What is your reason for seeking treatment at Hope and Harriet House?

\_\_\_\_\_  
\_\_\_\_\_

Please list a phone number where you can be contacted. \_\_\_\_\_



**HOPE & HARRIET STAFF ONLY**

NO SHELTER \_\_\_ ABUSER \_\_\_ NSOPW \_\_\_

SERVICES AND REFERRALS OFFERED:

\_\_\_\_\_