

Historic Triangle Substance Abuse Coalition Recovery Housing Program

The Recovery Housing Program provides a safe therapeutic living environment for persons transitioning from treatment programs.

Clients entering the Recovery Housing Program will meet the following criteria:

1. Medical problems are stable and the client is capable of self-administering any prescribed medications.
2. The resident is assessed as not posing a risk to themselves or others.
3. Co-existing psychiatric/emotional/behavioral conditions are being addressed concurrently by community professionals.
4. The client cannot reliably apply sufficient coping skills to interrupt or postpone gratification, control impulsive behavior or avoid relapse-prone situations.
5. The resident is unable to live in a home environment due to:
 - a. the resident's social network involves living with an individual who is a regular user/abuser of alcohol/other drugs; or
 - b. the high risk of substance abuse, physical, sexual or emotional abuse; or
 - c. the resident's social network is characterized by significant social isolation or withdrawal, such that recovery goals are believed to be unattainable in that setting; or
 - d. the resident's social network/recovery environment continues to manifest non-supportive features and adequate recovery environments alternatives have not yet been secured; or
 - e. there are logistical impediments in the recovery environment that preclude successful ongoing recovery efforts, i.e. Distance, lack of transportation, housing costs.

Persons will not be accepted into the Recovery Housing Program if:

1. The client is diagnosed as having severe organic brain damage;
2. The client requires greater social structure, direction, and supervision than is available in the social milieu and apartment living environment;
3. The client's oppositional and/or adversarial behavior and attitude creates significant disruptions in the community and is not amenable to therapeutic interventions.
4. The client has relapsed into active addiction, and fails to demonstrate motivation for continued recovery.

Historic Triangle Substance Abuse Coalition
Recovery Housing Program
Application for Admission

CONFIDENTIAL

The purpose for this application is to assess eligibility for admission to the HTSAC Recovery Housing Program. Information disclosed is confidential and will be seen only by the HTSAC Transitional Screening Committee. Completion of this document is voluntary. In order to be considered, this application must be completed in full. Failure to complete this application will result in a decline in possible services.

Name: _____ Admit Date: _____

SSN: _____ Birth Date: _____ Discharge Date: _____

Sobriety Date: _____

Previous Address: _____

(or) Permanent Address: _____

Place of Employment: (If employed) _____

Address: _____ Phone: _____

Supervisor: _____

AA Sponsor (or Temporary Sponsor): _____

Home Phone: _____ Work Phone: _____

IN CASE OF EMERGENCY, NOTIFY (prefer nearest relative)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Other Health Care Practitioners: _____ Phone: _____

Health Insurance: _____

Name of Carrier: _____ Policy# _____

MEDICAL HISTORY

List all medications (prescriptions and non-prescription) currently taken:

Name of Medicine	Dosage/How Often	Why taken	Name & Phone of Prescribing MD

Are you allergic to any medications? Yes No
If so, please list: _____

Do you now have, or have you in the past had, an eating disorder (i.e., anorexia, bulimia, compulsive overeating)? Yes No
If so, please specify. _____

Have you ever thought of attempting suicide? Yes No

Have you ever planned your own suicide? Yes No

Have you ever attempted suicide? Yes No

Do you have any physical problems for which you are receiving treatment? Yes No

If yes, please identify the problem and the prescribed treatment:

List any recent physical complaints:

Whom are you seeing for primary health care?

- 1.
- 2.
- 3.
- 4.

Car: (Make, Model, Year, License plate) _____

Car Insurance: _____

Name of Carrier: _____ Policy # & Expiration Date: _____

Valid Driver's License: _____
ID# State Expiration Date

Valid State Registration: _____
State Expiration Date

MARITAL STATUS(Please circle)

Single Married/Partnered Separated Divorced Widowed

Name of Significant Other: _____
Address: _____ Phone Number: _____

CHILDREN

Name	Age

EMPLOYMENT HISTORY

Previous Occupation: _____

Name of Current Employer: _____

Hired Date/Will Start with the Company: _____ Hours Scheduled: _____

Job Title or description of the work you will do: _____

LEGAL HISTORY

Do you have any current charges: Yes No

What were the charges? _____

When is the court date? _____

Have you been incarcerated? Yes No

Have you participated in a therapeutic community while incarcerated? Yes No

Attorney Name: _____ Phone: _____

Probation Officer Name: _____ Phone: _____

DRUG USE HISTORY

When was your last drink or other drug use? _____

What drug(s) did you use and how much? _____

Have you experienced any of the following when using alcohol or other drugs? (Circle all that apply)

- Loss of memory
- Hallucinations
- Extreme Fatigue
- DT's
- Flashbacks
- The "Shakes"
- Seizures
- Blackouts
- Insomnia

DRUG ABUSE HISTORY

List beginning with primary drug abused: (include all prescribed and over the counter medication)

Name of Drug	Last Used	Frequency	Quantity	Method

What do you hope to accomplish by participating in the Recovery Housing Program?

*** Please provide copy of treatment history and two letters of reference with application.
(One letter must be from Treatment Provider)**

Please submit this application to:
Salvation Army
c/o Capt. Debbie Bowers
151 Kristiansand Drive, Suite 109
Williamsburg, VA 23188
Fax: (757) 221-0915