



# YOUR Recovery Residences

www.yourwebsite.com

## Resident Entry Form

### Resident Information

Date of Entry \_\_\_\_\_

Resident Name (First) \_\_\_\_\_ (M) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is your plan to return to this address following completion of your stay here? Y N

If you go on overnight passes while with us is this where you plan on staying? Y N

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Sec # \_\_\_\_\_ Email Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status S M D W P Children Y N

Children (names/ages) \_\_\_\_\_

Spouses/Partner Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact Information** Has release of information been signed? Y N

Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Legal Information

Are you legally mandated to us? Y N Legal Charge? \_\_\_\_\_

On Probation Y N On Parole Y N Outstanding Warrants? Y N

Have you ever been convicted of any violent or sexual crimes? Y N

Supervision Officer Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Has release of information been signed? Y N

Do you want us to report your progress to your probation officer? Y N



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### Demographic Information

Sex M F T

Race

- Caucasian
- African American
- Native America
- Asian-Pacific Islander
- Hispanic
- Other \_\_\_\_\_

Education (Check Highest Grade Completed)

- Less than HS
- HS/GED
- Some College
- 2 Year Degree
- 4 Year Degree
- Masters or PhD

Professional License (MD, DVM, etc.) \_\_\_\_\_

Profession/Employment \_\_\_\_\_

Household Income (Check One)

- Less than \$10,000
- \$10,000 – 25,000
- \$25,000 – 50,000
- \$50,000 – 75,000
- Over \$75,000

Religious Preference

- Protestant/Christian
- Catholic
- Jewish
- Other \_\_\_\_\_
- None

Military Service Y N Branch \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Previous Diagnosis (Check all that Apply)

- Substance Abuse
- Eating Disorder
- Mood/Personality Disorder – Type \_\_\_\_\_

### Addiction History

Current recovery date \_\_\_\_\_

Drug of Choice (Check all that apply and list specific form of substance)

- Alcohol Type \_\_\_\_\_
- Amphetamines Type \_\_\_\_\_
- Benzoids Type \_\_\_\_\_
- Cocaine Type \_\_\_\_\_
- Hallucinogen Type \_\_\_\_\_
- Marijuana Type \_\_\_\_\_
- Opiates Type \_\_\_\_\_
- Other Type \_\_\_\_\_

Have you ever relapsed? Y N No. of times \_\_\_\_\_ Age you began using? \_\_\_\_\_

### Referral Information

Have you been in treatment? Y N How many times have you been to treatment \_\_\_\_\_

Last Treatment Center Name \_\_\_\_\_

Case Manager's Name \_\_\_\_\_ Has a release of information been signed Y N

Who referred you to us? \_\_\_\_\_

Please answer the following questions below.

1. Who suggested that you come here (*chose one option that best applies*)?

- Family/Friend
- Employer/Coworker
- Treatment or human services professional
- Representative of the courts/judicial system
- No one
- Other: \_\_\_\_\_

2. How long have you been drug and alcohol free?

- Less than a month → How many days? \_\_\_\_ \_\_\_\_
- One to three months
- Four to six months
- Seven months to a year
- More than one year

3. In the past 30 days, where have you been living most of the time (*chose one option that best applies*)?

- My own home/apartment
- Someone else's home/apartment
- In a medical, treatment, or other residential recovery setting
- In jail, prison, or another correctional setting
- In a shelter or another temporary housing facility
- Outdoors or on the streets
- Other: \_\_\_\_\_

4. Are you currently enrolled in school or a job training program?

- Not enrolled
- Enrolled full-time
- Enrolled part-time
- Other: \_\_\_\_\_

5. Are you currently employed (*chose one option that best applies*)?

- Employed full-time (35+ hours per week)
- Employed part-time
- Unemployed and looking for work
- Unemployed and not looking for work (e.g., retired, disabled, enrolled in school, etc)
- Other: \_\_\_\_\_

6. In the past 30 days, did you attend any self-help or recovery support groups?

- Yes → If yes, what type \_\_\_\_\_ how many? \_\_\_\_ \_\_\_\_
- No

7. How would you rate your quality of life?

- Very poor
- Poor
- Neither poor nor good
- Good
- Very good

8. What would you like to accomplish during your stay here?

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9. What are your top 3 goals and why did you pick these?

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9. What potential challenges do you see in improving your recovery?

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10. What else would be helpful for us to know about you to best serve you?

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# YOUR Recovery Residences

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(000) 123-4567 office

Each resident of **YOUR Recovery Residence** has rights that the facility staff will safeguard during your stay. You have a right to:

1. Humane care in an environment that supports your recovery.
2. Be free from verbal and physical abuse.
3. Be treated with dignity and respect.
4. Choose your recovery goals.
5. Participate actively in your recovery.
6. Expect required services to occur during scheduled times and at designated locations.
7. Expect reasonable continuity of care, which includes schedules of services and at what times staff and services are available.
8. Be given information regarding informed consent prior to the start of your stay.
9. Receive information regarding cost.
10. Be informed of the costs, potential benefits, and potential negative consequences of participating in this program.
11. Confidential records that are accessible only to designated staff and which can be released to others outside of **YOUR Recovery Residence** only with your written permission except as allowed by state and federal law.
12. Be referred to subsequent services upon leaving or transfer from this facility.
13. Retain personal property that does not jeopardize your or others' safety or health.
14. Receive and send unopened mail. I will always open received mail in the presence of a staff member when requested.
15. Be seen by a private physician with the understanding that all costs will be the responsibility of the resident.
16. File a complaint to the Director without fear of retaliation and to have the complaint investigated within a reasonable amount of time.
17. Be fully informed before changes occur in these rights and responsibilities as well as changes to **YOUR Recovery Residences'** policies, procedures, program components and schedule.
18. Know the qualifications of the staff involved in your care.
19. Refuse to stay and to be informed of the consequences of this action
20. Request referral resources in the event of my dismissal from Hope Homes..
21. Not to be required to perform services for Hope Homes, which are not included in the usual expectations of all residents

I have been informed at admission of my rights as listed above.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_