TRJ SOBER LIVING & TRANSITIONAL HOME

RESIDENT INTAKE & ADMISSION FORM

"We care for our clients one client at a time!"

1. RESIDENT INFORMATION

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Phone Number: _____ Email: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Social Security Number (Last 4 Digits Only): _____ Photo ID Available: ■ Yes ■ No

2. EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship to Resident: _____

Phone Number: _____ Alternate Phone: _____

Email Address: _____

3. REFERRAL INFORMATION

How were you referred to TRJ Sober Living & Transitional Home?

■ Self-Referral ■ Family/Friend ■ Hospital/Healthcare Facility ■ Substance Use Treatment Program

■ Detoxification Program ■ Mental Health Provider ■ Social Worker/Case Manager

■ Probation/Parole ■ Reentry Program ■ Veteran/VA Program ■ Shelter/Housing Program ■ Other: _____

Referring Agency/Organization: _____

Contact Person/Case Manager: _____ Phone: _____

Email: _____

4. HOUSING & TRANSITIONAL NEEDS

Current Living Situation:

■ Homeless/Unhoused ■ Shelter ■ Treatment Facility ■ Hospital ■ Correctional/Reentry Setting

■ Staying with Family/Friends ■ Independent Housing ■ Other: _____

Reason for Seeking Placement: _____

_____

Requested Move-In Date: _____ Expected Length of Stay: _____

Primary Goals:

■ Maintain Sobriety ■ Obtain Employment ■ Secure Permanent Housing ■ Reunification with Family

■ Complete Probation/Parole Requirements ■ Attend Treatment/Counseling

■ Improve Independent Living Skills ■ Financial Stability ■ Education/Vocational Training ■ Other: _____

5. SUBSTANCE USE & RECOVERY INFORMATION

Are you currently in recovery from substance use? ■ Yes ■ No

Primary Substance(s) Used: _____ Date of Last Use: _____

Length of Current Sobriety: _____ Completed detoxification, if required? ■ Yes ■ No ■ N/A

Participated in a substance use treatment program? ■ Yes ■ No

Facility/Program Name: _____ Completion/Discharge Date: _____

Current recovery supports: ■ AA ■ NA ■ SMART Recovery ■ Outpatient ■ IOP ■ Peer Support ■ Counseling ■ None

Sponsor or recovery coach? ■ Yes ■ No

Willing to comply with drug/alcohol testing policy? ■ Yes ■ No

Willing to maintain a drug- and alcohol-free living environment? ■ Yes ■ No

6. MEDICAL INFORMATION

Current medical conditions the home should be aware of? ■ Yes ■ No

If yes, explain: _____

Primary Care Provider: _____ Provider Phone: _____

Preferred Hospital: _____ Allergies? ■ Yes ■ No

List allergies: _____

Assistive devices: ■ None ■ Cane ■ Walker ■ Wheelchair ■ Other: _____

Assistance needed: ■ No ■ Bathing ■ Dressing ■ Grooming ■ Toileting ■ Mobility/Transfers

■ Meal Preparation ■ Medication Reminders ■ Other: _____

Emergency Medical Disclaimer: Residents experiencing a medical emergency should call 911 or seek emergency medical care. Admission to the home does not replace medical, psychiatric, or emergency treatment.

7. MEDICATION INFORMATION

Currently taking prescribed medications? ■ Yes ■ No

Medication: _____ Dose: _____ Frequency: _____

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Medication: _____ Dose: _____ Frequency: _____

Prescribing Provider: _____ Pharmacy: _____

Pharmacy Phone: _____

Recovery-support medication: ■ Methadone ■ Buprenorphine/Suboxone ■ Naltrexone/Vivitrol ■ Other: _____ ■ No

Understand medications must be handled according to home policies? ■ Yes ■ No

8. BEHAVIORAL HEALTH INFORMATION

Currently receiving mental health or behavioral health services? ■ Yes ■ No

Provider/Agency: _____

Counselor, therapist, psychiatrist, or case manager? ■ Yes ■ No

Name: _____ Phone: _____

Any behavioral health needs that may affect safe shared residential living? ■ Yes ■ No

If yes, explain: _____

9. SAFETY SCREENING

Do you currently have thoughts of harming yourself or another person? ■ Yes ■ No

Do you have an immediate medical or behavioral health emergency? ■ Yes ■ No

History of behaviors that may create an immediate safety risk in shared living? ■ Yes ■ No

If yes, explain: _____

Staff Follow-Up Required: ■ Yes ■ No

10. LEGAL/REENTRY INFORMATION

Current status: ■ Probation ■ Parole ■ Pretrial Supervision ■ Reentry Program ■ None ■ Other: _____

Probation/Parole Officer Name: _____ Phone: _____

Any court-ordered requirements affecting residence or program participation? ■ Yes ■ No

If yes, explain: _____

11. EMPLOYMENT & INCOME

Status: ■ Full-Time ■ Part-Time ■ Self-Employed ■ Unemployed ■ Disability ■ Retired ■ Veteran Benefits ■ Seeking Employment

Employer: _____ Monthly Income: $_____

Source(s) of Income: _____

Need employment or vocational resources? ■ Yes ■ No

12. INSURANCE & BENEFITS

Insurance Provider: _____ Member ID: _____

Benefits: ■ SSI ■ SSDI ■ VA Benefits ■ SNAP ■ Medicaid ■ Medicare ■ Other: _____ ■ None

13. TRANSPORTATION

Reliable transportation? ■ Yes ■ No Valid driver's license? ■ Yes ■ No Vehicle? ■ Yes ■ No

Need assistance coordinating transportation to appointments, work, treatment, or recovery meetings? ■ Yes ■ No

14. FINANCIAL RESPONSIBILITY

Responsible for Payment: ■ Resident/Self-Pay ■ Family Member ■ Sponsoring Agency ■ Government/Reentry Program ■ Other: _____

Responsible Party Name: _____ Phone: _____

Agreed Weekly/Monthly Housing Fee: $_____ Security/Administrative Fee: $_____

Payment Due Date: _____

15. RESIDENT AGREEMENT & ACKNOWLEDGMENT

By signing below, I certify that the information provided on this intake form is accurate and complete to the best of my knowledge.

I understand that admission is subject to the home's eligibility requirements, available space, applicable laws, and the ability of the program to safely meet my needs.

I understand that I am expected to follow all applicable resident and house policies, including policies regarding drugs and alcohol, screening, medication handling, curfew, visitors, smoking/vaping, respectful conduct, violence, threats and weapons, cleanliness, household responsibilities, recovery expectations when applicable, financial responsibilities, confidentiality, privacy, and discharge procedures.

I understand that providing false or intentionally misleading information may affect my eligibility for admission or continued residency, subject to applicable law and program policy.

Resident Name (Print): _____

Resident Signature: _____ Date: _____

Staff/Intake Coordinator Name: _____

Staff Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Application Received: _____ Intake Interview Date: _____

Admission Decision: ■ Approved ■ Approved – Pending Documentation ■ Waitlisted

■ Referred to Higher Level of Care/Alternative Placement ■ Not Accepted

Proposed Admission Date: _____ Room/Bed Assignment: _____

Documents Received:

■ Government-Issued ID ■ Emergency Contact Information ■ Medication List

■ Treatment/Discharge Documentation ■ Referral Documentation ■ Probation/Parole Information

■ Proof of Income/Funding ■ Signed Financial Agreement ■ Signed House Rules

■ Signed Resident Agreement ■ Consent/Release of Information, if applicable ■ Other: _____

Intake Notes:

_____

_____

_____

Staff Name: _____

Staff Signature: _____ Date: _____