

# Application for Family Recovery Center's Fleming House

Application Date: \_\_\_\_\_

Sobriety Date: \_\_\_\_\_

## Personal Information

*Please print or type*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Current Address \_\_\_\_\_

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

CIRCLE ONE: Homeless      Living in Shelter      Living with Relative/Friend

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Children's Information

<u>Complete Name</u>	<u>Sex</u>	<u>Age</u>	<u>Birth Date</u>	<u>Last 4 of S.S. #</u>	<u>Grade</u>	<u>Father's Name</u>

Are you pregnant Y / N due date: \_\_\_\_\_

If you have CHILDREN, are there any problems you need help with regarding your children? (Please explain: Back Child Support, Visitation, Children Services (county, caseworker, case plan, etc.), etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**FAMILY INFORMATION:** Please print your family member’s names and their relationship to you and circle the answers that best describes your relationship. (Complete a separate General Release of Information for each family member they want FRC to have contact with)

Name & Relationship	Current Contact	Quality of Relationship	History of Substance Abuse?	What I need to do to improve my relationship with them.
<b>Example:</b> Cindy Crawford - Wife	Yes	Fair	No	Stop using, Work 12 Steps, Listen to her better, & Stop stealing from her
	Yes / No	Good / Fair / Poor	Yes / No	
	Yes / No	Good / Fair / Poor	Yes / No	
	Yes / No	Good / Fair / Poor	Yes / No	
	Yes / No	Good / Fair / Poor	Yes / No	
	Yes / No	Good / Fair / Poor	Yes / No	

**DEMOGRAPHICAL INFORMATION:** - information is being gathered for statistical purposes to pursue available grants / funding to improve services offered to Family Recovery Center Residents.

Circle one of the following that best describes your current life situation:

1. MARRIED or DOMESTIC PARTNERSHIP
2. SEPERATED
3. DIVORCED
4. SINGLE
5. WIDOWED
6. IN A RELATIONSHIP

Circle one of the following that best describes your Ethnicity / Race:

1. HISPANIC or LATINO
2. BLACK or AFRICAN AMERICAN
3. NATIVE AMERICAN or AMERICAN INDIAN
4. ASIAN / PACIFIC ISLANDER
5. WHITE
6. CHOOSE NOT TO DISCLOSE
7. Other: \_\_\_\_\_

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Circle one of the following that best describes you:

1. Disabled
2. Not Disabled

Circle one of the following that best describes you:

1. Veteran **If Yes, which Branch:** \_\_\_\_\_
2. Not a Veteran

Circle one of the following that best describes your level of Education:

1. SOME SCHOOLING, NO DIPLOMA
2. HIGH SCHOOL GRADUATE / DIPLOMA / G.E.D.
3. SOME COLLEGE CREDIT, NO DEGREE
4. TRADE / TECHNICAL / VOCATIONAL DEGREE
5. COLLEGE GRADUATE
6. Other: \_\_\_\_\_

Circle one of the following that best describes your current Employment:

1. EMPLOYED
2. UNEMPLOYED – SEEKING WORK
3. STUDENT
4. UNABLE TO WORK
5. Other: \_\_\_\_\_

If Employed: By Who \_\_\_\_\_ Where \_\_\_\_\_

If Student: Where \_\_\_\_\_ For \_\_\_\_\_

If Unable to Work: Why \_\_\_\_\_

Circle one of the following that best describes your current Income:

1. EMPLOYMENT
2. UNEMPLOYMENT
3. STUDENT LOANS
4. FAMILY
5. RECEIVING SSDI OR SSI
6. TANF
7. NONE
8. OTHER: \_\_\_\_\_

Monthly Income Amount: \_\_\_\_\_

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## IDENTIFIED NEEDS

Do you have a MEDICAL CARD / HEALTH INSURANCE?

**YES or NO**

**I need a MEDICAL CARD**

Do you have an OHIO DIRECTION CARD / or need FOOD ASSISTANCE?

**YES or NO**

**I need FOOD ASSISTANCE**

Do you have a 12 STEP SPONSOR?

**YES or NO**

**I need a SPONSOR**

Do you have a 12 Step HOMEGROUP?

**YES or NO**

**I need a HOMEGROUP**

Do you have a VALID DRIVERS LICENSE?

**YES or NO**

**I need a DRIVERS LICENSE**

Do you have a STATE IDENTIFICATION CARD?

**YES or NO**

**I need a STATE ID CARD**

Do you have a SOCIAL SECURITY CARD?

**YES or NO**

**I need a SOCIAL SECURITY CARD**

Do you have a BIRTH CERTIFICATE?

**YES or NO**

**I need a BIRTH CERTIFICATE**

Do you have a FAMILY DOCTOR / PRIMARY CARE PHYSICIAN?

**YES or NO**

**I need to see a DOCTOR**

Do you have any current MEDICAL, DENTAL, VISION, or HEARING problems that need addressed?

PLEASE EXPLAIN:

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Do you have a VEHICLE / RELIABLE TRANSPORTATION?

**YES or NO**

**I need TRANSPORTATION**

Vehicle Make, Model, and Year: \_\_\_\_\_

Do you have VALID CAR INSURANCE & REGISTRATION?

**YES or NO**

**I need CAR INSURANCE**

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Do you need help with your finances and or paying past due debts?

YES or NO I need help with my FINANCES

Have you completed a Drug & Alcohol Assessment in the last 12 months?

YES or NO I need a DRUG & ALCOHOL ASSESSMENT

If YES, Where? \_\_\_\_\_

## **TREATMENT INFORMATION** – Please list your CURRENT Drug, Alcohol, and or Mental Health Treatment Provider (s).

Treatment Provider \_\_\_\_\_ Contact Person & Phone # \_\_\_\_\_

Treatment Provider \_\_\_\_\_ Contact Person & Phone # \_\_\_\_\_

Treatment Provider \_\_\_\_\_ Contact Person & Phone # \_\_\_\_\_

Drug (s) of Choice: \_\_\_\_\_

List of Drugs you have used: \_\_\_\_\_

## **CURRENT MEDICATIONS** – Copy information directly off the RX bottles and assign a medication box / bag with combination code for storage. Lock box #

Name of Medication:	Dosage:	When it is taken:	What it is taken for:
<i>Example: Wellbutrin</i>	150 mg	1 time daily in morning	Depression

## **COMMENTS:**

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## CRIMINAL JUSTICE INFORMATION

Are you currently on Probation and or Parole? **YES or NO**

If YES, Please list below and *complete a separate Criminal Justice Release of Information for each Court and or P.O.*, Document all Fines and Fees Owed Below

<b>Judge/ Probation/Parole Officer Name:</b>	<b>Court /County/ State/ Federal</b>	<b>Phone #</b>	<b>Total Fines / Fees Owed</b>
<i>Example:</i> TAI DOTSON P.O.	ODRC – Adult Parole Authority	440-315-1001	\$200

Do you have any current pending court dates? **YES or NO**

If YES, Where, When, for What?

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*This page is intended to be completed by Referring Agency/Provider*

**To:** Fleming House Staff

**From:** \_\_\_\_\_  
(Referring Agency, Provider Name, Telephone, Fax and/or Email)

**RE:** Eligibility for Fleming

**Client Name/DOB:** \_\_\_\_\_

*This person is considered homeless by the HUD definition because she is currently residing in:*

\_\_\_\_\_ places not meant for human habitation, such as: cars, parks, sidewalks and/or abandoned buildings;

\_\_\_\_\_ in an emergency shelter;

\_\_\_\_\_ in transitional housing for homeless persons

*Or meets the following:*

\_\_\_\_\_ eviction within a week from private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support network needed to obtain housing;

\_\_\_\_\_ discharge within a week from an institution in which the person has been a resident for 30 or more consecutive days, was homeless prior to entry, and no subsequent residence has been identified and she lacks the resources and support networks needed to obtain housing.

Supporting Documentation:

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

Signature of Staff Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Fleming House Staff: \_\_\_\_\_ Date: \_\_\_\_\_