



## MEN'S RECOVERY HOME - APPLICATION

<b>TODAY'S DATE</b>		<b>REFERRAL SOURCE</b>	
<b>CONTACT NAME OF REFERRAL SOURCE</b>		<b>CONTACT PHONE NUMBER</b>	

<b>Client FIRST NAME</b>	<b>MIDDLE</b>	<b>LAST</b>
<b>AGE</b>	<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY NUMBER</b>
<b>ADDRESS</b>	<b>PHONE NUMBER</b>	
<b>PRIMARY LANGUAGE</b>	<b>2<sup>ND</sup> LANGUAGE</b>	
<b>WHAT EMPLOYMENT SKILLS DO YOU POSSESS AND TRAININGS HAVE YOU DONE</b>		
<b>WHAT ARE SOME EMPLOYMENT OPPORTUNITIES YOU HAD THAT YOU ENJOYED</b>	<b>EDUCATION (LAST GRADE COMPLETED) INTRESTED IN CONTINUING EDUCATION/JOB TRAINING</b>	
<b>LAST EMPLOYMENT</b>	<b># OF HOURS</b>	<b>LENGTH OF EMPLOYMENT</b>
<b>INCOME (SOURCE)</b>	<b>FREQUENCY</b>	<b>AMOUNT</b>
<b>DOES CLIENT RECEIVE ANY MASSACHUSETTS STATE SERVICES</b>		
<b>VETERAN (BRANCH)</b>	<b>DATES</b>	<b>D.C STATUS</b>
<b>MARITAL STATUS</b>	<b># OF CHILDREN</b>	<b>WHO HAS CUSTODY?</b>

<b>EMERGENCY CONTACT</b>	<b>PHONE NUMBER</b>
<b>GENERAL HEALTH (SYMPTOMS/DIAGNOSIS/TREATMENT/MEDICATION)</b>	
<b>MENTAL HEALTH (SYMPTOMS/DIAGNOSIS/TREATMENT/MEDICATION)</b>	
<b>DRUG REPLACEMENT THERAPY (METHADONE/SUBOXONE/VIVITROL/DOSAGE)</b>	

<b>LEGAL STATUS</b>	<b>PAROLE</b>	<b>INCARCERATED</b>
<b>PROBATION</b>		
<b>SPECIFY IF ANY ARE CHECKED (CHARGES/LENGTH OF STATUS/JURISTRICITION/ CONDITIONS)</b>		
<b>CASES PENDING/ OUTSTANDING WARRANTS</b>		
<b>HAVE YOU EVER BEEN A RESIDENT AT LOWELL HOUSE'S MEN'S RECOVERY HOME?</b>	<b>IF SO, WHEN AND D.C. STATUS</b>	
<b>TREATMENT ADMISSION HISTORY</b>		
<b>PROGRAM NAME</b>	<b>DATE</b>	<b>LENGTH OF STAY/ D.C. STATUS</b>
1.		
2.		
3.		
4.		
5.		
6.		
<b>DRUG OF CHOICE:</b>		
<b>SUBSTANCE USE HISTORY (DRUGS USED/METHOD/ CIRCUMSTANCES SURROUNDING FIRST USE)</b>		
<b>PERIODS OF ABSTINENCE and KNOWN RISK FACTORS FOR RELAPSE</b>		

**FAMILY/SUPPORT SYSTEM**

**CLIENT'S GOALS, MOTIVATION FOR TREATMENT (WHAT DO YOU WANT TO ACHIEVE AT OUR PROGRAM?)**

**FAX COMPLETED APPLICATION TO: 978-459-9136 or email to: [Aciccanti@lowellhouseinc.org](mailto:Aciccanti@lowellhouseinc.org)**

**REQUIRED DOCUMENTATION MUST ACCOMPANY YOUR COMPLETED APPLICATION:**

- 1. Psychosocial Assessment from a Treatment Facility**
- 2. Medication List**
- 3. TB Assessment**
- 4. CORI (if legal status is pending)**