

Application Form

This form must be completed prior to being interviewed for residency at the Caldwell Halfway House. The information provided will be used during the interview to determine if residency with us is the best fit for you at this time.

Name: _____ DOB: ____/____/____ Marital Status: _____

1. How did you hear about the Caldwell Halfway House? Friend: _____ Or referred by: _____

Facility Phone No: _____ Name of your counselor: _____

2. Have you successfully completed a 28 day 12-Step inpatient treatment program? **Y N**

When: _____ Where: _____

3. Have you ever been a resident at a facility similar to the Caldwell Halfway House? **Y N**

When: _____ Where: _____

For how long? _____

4. Are you a Veteran of the Armed Forces? **Y N** Active Duty? **Y N** Where? _____

5. PRIMARY substance(s) abused? _____

Date(s) of Last Use: _____

6. Twelve Step Experience in the past? **Y N** When: _____ How long: _____

7. Do you currently have a physician? **Y N** Doctor's name and phone number? _____

Date of last exam? _____ Psychiatric Diagnosis? **Y N**, List _____

8. Medical Diagnosis(es) **Y N**, List _____

9. Communicable Diseases? TB? **Y N** HIV? **Y N** Hepatitis? **A B C**

10. Do you have any Allergies? **Y N**

List: _____

11. Do you have dietary restrictions? **Y N** List _____

12. Do you have a history of seizures? **Y N** List type _____

13. Please list all medications and dosages you are currently taking:

Medication: _____ Dosage: _____ Effective? _____

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Medication: _____ Dosage: _____ Effective? _____

Medication: _____ Dosage: _____ Effective? _____

Medication: _____ Dosage: _____ Effective? _____

Medication: _____ Dosage: _____ Effective? _____

14. Have you recently stopped taking medications without your doctor's permission? **Y N**

15. Have you ever been convicted of assault, arson, or of an offense involving a child, juvenile, minor, or senior-aged person? **Y N** List _____

16. Do you have any pending legal issues, court dates, or charges? **Y N**

When and Where _____

17. Are you on probation or parole? **Y N** For _____

Where _____ For how long _____

Probation/Parole Officer name and phone number: _____

18. What do you do for work? _____

Where are you working now? _____

19. Drivers License **Y N** Do you have a car insured in North Carolina **Y N** Do you ha a social security card **Y N**

20. On Disability **Y N** Receiving benefits **Y N**

21. Do you have any disabilities that would prevent you from working a full-time, first-shift job? **Y N**

List _____

22. Why do you want to come to the Caldwell Halfway House? _____

23. What is the most important thing in your life right now? _____

24. Are you open to getting a 12-Step sponsor? **Y N**

25. Other than drinking / using, what is one thing you would like to change about yourself?

26. If admitted, are you willing to stay a minimum of 4 months? **Y N**

27. Do you have the \$600 initial service fee to come to the Caldwell House **Y N**

28. Is there anything else you think we should know prior to you becoming a resident at the Caldwell Halfway House?

I understand that the Caldwell Halfway House will be conducting a background check and will be verifying the statements and representations on this form. Initials: _____

I swear, under penalty of disqualification of residency at the Caldwell Halfway House, that the above is true and correct. I authorize the Caldwell Halfway House, its agents and assigns, to conduct background checks and verify any statement that I make. I further agree to hold harmless and free from any liability the Caldwell Halfway House and its agents and assigns, and any person or organization providing information, for any action that may occur as a result of this information. This release shall continue in effect for (2) two years from the date signed below, and a fax or copy of this release shall serve the same purpose as the original.

Signature: _____ Date: _____

Print: _____ Date: _____

Staff Signature: _____ Date: _____

Staff Print: _____ Date: _____

PLEASE EMAIL THE APPLICATION TO: contact@thecaldwellhouse.com