



Recovery Community Organization

CONFIDENTIAL

The purpose for this application is to assess eligibility for admission to The Esther House, the women’s recovery house of Mission Missouri. Information disclosed is confidential and will be seen only by the Recovery Team for screening purposes. Completion of this documentation is voluntary. In order to be considered, this application must be completed in full. Failure to complete this application will result in a decline in possible services. Discovery of falsification of information once the resident is in the program will result in immediate dismissal.

PLEASE PRINT and FILL OUT COMPLETELY

Name: _____ **Age** _____

Previous or Permanent Address: (non DOC) _____

City: _____ **State:** _____ **Zip:** _____

County: _____ **Phone #** _____ **E-mail** _____

Date of Birth: _____ **Social Security #** _____

Who referred you to us? _____

Parole/Probation Officer: _____ **Phone #** _____

DOC# _____ **OUT DATE** _____

Current Employment Information

Place of Employment (if employed): _____

Employment Address: _____

Supervisor: _____ Employment Phone # _____

Describe your previous work history or trade: _____

IN CASE OF EMERGENCY, NOTIFY (prefer nearest relative)

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Other Health Care Practitioners: _____

Phone: _____

Health Insurance: _____

Name of Carrier: _____ Policy #: _____

MARITAL STATUS (*please circle one*)

Single Divorced Married Separated Widowed

Name of Significant other: _____ Phone: _____

Address: _____

CHILDREN:

Do you have children? Yes No If yes, how many children do you have? _____

Are you currently pregnant? Yes No

Are any of your children living with someone else due to a child protection court order?

[IF YES] How many of your children are living with someone else due to a child protection court order? _____ Where are they living and with whom? _____

For how many of your children have you lost parental rights? _____

SPIRITUAL BACKGROUND (Circle Yes or No)

Religious affiliation: _____

Do you attend church? Yes No

EDUCATION (Circle Yes or No)

Highest Grade Completed: _____ **Diploma:** Yes No

G.E.D.: Yes No **If yes, date received & where:** _____

Any College, Jr. College, or Technical School? Yes No

If Yes, explain: _____

LEGAL/COURT HISTORY (Circle Yes or No)

(LOCAL PROBATION AND PAROLE HAS TO APPROVE OFFENDERS; PREFER CLIENTS FROM THIS AREA)

Are you involved in any active cases or current charges (civil, traffic, criminal)? Yes No

If yes, list charges and location: _____

If yes, indicate the court hearing or trial dates: _____

If presently incarcerated, please state what for and your

outdate: _____

Are you presently on probation or parole? Yes No

If yes, (include DOC #)explain: _____

Do you have any pending cases? Yes No

If yes, explain what and where they are:

Do you have a back up home plan? Yes No

If yes, what is it? _____

DO YOU HAVE ANY PAST, CURRENT, OR PENDING SEX OFFENSE CONVICTIONS? Yes No

Incarceration History Dates: _____

TREATMENT HISTORY: (Circle Yes or No)

Have you participated in a therapeutic community while incarcerated? Yes No **If Yes.**

Program: _____ Date Started _____ End Date _____
Program: _____ Date Started _____ End Date _____
Program: _____ Date Started _____ End Date _____

Have you attended any substance abuse treatment programs? Yes No

If yes, name of program and dates attended: _____

Have you ever attended A.A., N.A., Al-Anon, Footprints, Celebrate Recovery, or

Alcoholics Victorious or any other self-help group? Yes No **If Yes.....**

When? _____ Name of Program: _____

4. Have you ever attended a SATOP program? Yes No **If Yes.....**

When? _____ Reason: (DWI, MIP, etc.) _____

DRUG USE HISTORY

At what age did you first use drugs and/or alcohol? _____

When was your last drink or other drug use? _____

Have you ever experienced any of the following when using alcohol or other drugs? (Check all that apply)

Loss of memory___ DTs___ Seizures___ Hallucinations___ Flashbacks___
Blackouts___ Extreme Fatigue___ “Shakes”___ Insomnia___

DRUG ABUSE HISTORY

<i>Name of Drug</i>	<i>Last Used</i>	<i>How Often</i>	<i>How Much</i>	<i>Method</i>

How did you get involved with drugs? _____

DRUG OF CHOICE

Primary: _____ **Secondary:** _____

Your longest dry period was from _____ **to** _____

Are you attending AA/NA or any other self-help organization? Yes No

If yes, what were you attending and how often? _____

Did you have a sponsor? Yes No

Have you ever practiced the principles of the steps? Yes No

MENTAL AND PHYSICAL HEALTH *List all medication (prescriptions and non-prescription) currently taking: (Circle Yes or No)*

<u>Name of Medication</u>	<u>Dosage/How Often</u>	<u>Why Taken</u>	<u>Name and Phone of Prescribing MD</u>

Are you allergic to any medications? Yes No

If so, please list: _____

Have you ever been treated for psychiatric problems? Yes No

If yes, what was the diagnosis? _____

Did you or are you on any meds for that problem? Yes No

If so, what meds and what dosage? _____

Have you ever THOUGHT of attempting suicide? Yes No

Have you ever PLANNED your own suicide? Yes No

Have you ever ATTEMPTED suicide? Yes No

Do you have any physical problems for which you are receiving treatment? Yes No

If yes, please identify the problem and the prescribed treatment. _____

Are you HIV positive? Yes No

Do you have Hep C? Yes No

Hep B? Yes No

Do you have TB? Yes No

If yes, is it active or inactive? _____

Whom are you seeing for primary health care? (Name of doctor(s) and phone numbers):

Is there any medical/psychological conditions or medications you are taking that would hinder you from The Esther House recovery process? Yes No

Explain: _____

Do you have a car: (make, model, year, license plate) _____

Car insurance: _____

Name of Carrier: _____

Policy # and Expiration Date: _____

Valid Driver's License: _____

ID# State Expiration Date

Valid State Registration: _____

State Expiration Date

What do you hope to accomplish by living at The Esther House?

Please submit the full application, including the SIGNED RELEASE OF INFORMATION FORM to:

(If submitting from D.O.C., updated summarized progress report from case worker must be submitted along with application.)

**Mission Missouri
509 Ruth Street
Sikeston, Mo. 63801
Or by fax
573-481-0518
missionmissouriab@gmail.com**

If you have any questions
Phone 573-481-0505
Hours 9:00 A.M.-5:00 P.M. Mon-Fri